

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Albemarle

**NAME:** BLUE RIDGE JUVENILE DETENTION      **Phone:** (434)951-9340      **ID:** 929      **License Type:** Triennial  
**Physical Address:** 195 PEREGORY LANE      **Mailing Address:** 195 PEREGORY LANE      **Effective Date:** 2/11/2004      **Expiration Date:** 2/10/2007  
**Address:** CHARLOTTESVILLE, VA, 2290      **Address:** CHARLOTTESVILLE, VA, 22902-  
**Lead Agency:** DJJ      **Capacity:** 40      **Age Served:** 10 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

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## Albemarle

**NAME:** ELK HILL - CHARLOTTESVILLE      **Phone:** (434)923-0900      **ID:** 1482      **License Type:** Triennial  
**Physical Address:** 2374 RICHMOND ROAD      **Mailing Address:** 2374 RICHMOND ROAD      **Effective Date:** 4/30/2005      **Expiration Date:** 4/29/2008  
**Address:** CHARLOTTESVILLE, VA, 2291      **Address:** CHARLOTTESVILLE, VA, 22911-  
**Lead Agency:** DSS      **Capacity:** 8      **Age Served:** 14 to 17      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution

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## Albemarle

**NAME:** LITTLE KESWICK SCHOOL      **Phone:** (434)295-0457      **ID:** 97      **License Type:** Triennial  
**Physical Address:** RT. 731      **Mailing Address:** P.O BOX 24      **Effective Date:** 7/1/2004      **Expiration Date:** 6/30/2007  
**Address:** KESWICK, VA, 22947-0000      **Address:** KESWICK, VA, 22947-0000  
**Lead Agency:** DOE      **Capacity:** 31      **Age Served:** 9 to 17      **Gender Served:** Male  
**Regulatory Authority:** DMHMRSAS      **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
School for Children with Disabilities

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## Albemarle

**NAME:** WHISPER RIDGE BEHAVIORAL SOLUTIONS      **Phone:** (434)977-1523      **ID:** 1361      **License Type:** Annual  
**Physical Address:** 2101 ARLINGTON BOULEVARD      **Mailing Address:** 2101 ARLINGTON BOULEVARD      **Effective Date:** 6/1/2006      **Expiration Date:** 5/31/2007  
**Address:** CHARLOTTESVILLE, VA, 2290      **Address:** CHARLOTTESVILLE, VA, 22903-  
**Lead Agency:** DMHMRSAS      **Capacity:** 60      **Age Served:** 13 to 21      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** RHONDA ANGEL -(540)332-8423  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Albemarle

**NAME:** WHISPER RIDGE BEHAVIORAL SOLUTIONS      **Phone:** (434)977-1523      **ID:** 1361      **License Type:** Triennial  
**Physical Address:** 2101 ARLINGTON BOULEVARD      **Mailing Address:** 2101 ARLINGTON BOULEVARD      **Effective Date:** 10/1/2005      **Expiration Date:** 9/30/2008  
**Address:** CHARLOTTESVILLE, VA, 2290      **Address:** CHARLOTTESVILLE, VA, 22903-  
**Lead Agency:** DMHMRSAS      **Capacity:** 60      **Age Served:** 13 to 21      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** RHONDA ANGEL -(540)332-8423  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Alexandria

**NAME:** NORTHERN VIRGINIA DETENTION HOME      **Phone:** (703)751-3700      **ID:** 44      **License Type:** Triennial  
**Physical Address:** 200 S. WHITING ST.      **Mailing Address:** 200 S. WHITING STREET      **Effective Date:** 5/15/2005      **Expiration Date:** 5/14/2008  
**Address:** ALEXANDRIA, VA, 22304-000      **Address:** ALEXANDRIA, VA, 22304-0000  
**Lead Agency:** DJJ      **Capacity:** 70      **Age Served:** 10 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** School for Children with Disabilities  
Secure Detention Home

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Alexandria

**NAME:** RYS - BOYS' HOME **Phone:** (703)619-9215 **ID:** 88 **License Type:** Triennial  
**Physical** 4820 WELFORD STREET **Mailing** 308 THIRD STREET **Effective Date:** **Expiration Date:**  
**Address:** **Address:** SUITE B 7/26/2005 7/25/2008  
ALEXANDRIA, VA, 22309-000 ALEXANDRIA, VA, 22309-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 6 **Age Served:** 13 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** Mr. CHRISTOPHER P CART -(703)323-2097  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Alexandria

**NAME:** RYS - TERESA ANN COURT GIRLS HOME **Phone:** (703)780-6786 **ID:** 379 **License Type:** Triennial  
**Physical** 8809 TERESA ANN COURT **Mailing** 308 THIRD STREET **Effective Date:** **Expiration Date:**  
**Address:** **Address:** SUITE B 7/26/2005 7/25/2008  
ALEXANDRIA, VA, 22308- ALEXANDRIA, VA, 22308-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 13 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** Mr. CHRISTOPHER P CART -(703)323-2097  
**Categories:** Emergency Shelter

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## Alexandria

**NAME:** SHELTERCARE OF NORTHERN VIRGINIA **Phone:** (703)370-0208 **ID:** 164 **License Type:** Triennial  
**Physical** 5920 STEVENSON AVE. **Mailing** 5920 STEVENSON AVENUE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/15/2005 3/14/2008  
ALEXANDRIA, VA, 22304-000 ALEXANDRIA, VA, 22304-0000  
**Lead Agency:** DJJ **Capacity:** 14 **Age Served:** 13 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** Emergency Shelter  
Post-Dispositional Group Home  
Pre-Dispositional Group Home  
Temporary Care Facility

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## Allegany

**NAME:** BOYS HOME **Phone:** (540)965-7700 **ID:** 11 **License Type:** Triennial  
**Physical** 306 BOYS' HOME ROAD **Mailing** 306 BOYS' HOME ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 7/1/2004 6/30/2007  
COVINGTON, VA, 24426-0000 COVINGTON, VA, 24426-0000  
**Lead Agency:** DSS **Capacity:** 70 **Age Served:** 6 to 17 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution  
School for Children with Disabilities

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## Amherst

**NAME:** BRIDGES AT BRIGHTWELL **Phone:** (434)947-7380 **ID:** 334 **License Type:** Triennial  
**Physical** 1410 KENTMOOR FARM ROAD **Mailing** 1410 KENTMOOR FARM ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/16/2004 12/16/2007  
MADISON HEIGHTS, VA, 2452 MADISON HEIGHTS, VA, 24522-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 8 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DEBORAH F TANKERSLEY -(434)947-2283  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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## Arlington

**NAME:** ARGUS HOUSE **Phone:** (703)358-3944 **ID:** 17 **License Type:** Triennial  
**Physical** 1527 CLARENDON BLVD. **Mailing** 1527 CLARENDON BLVD. **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 10/1/2005 9/30/2008  
ARLINGTON, VA, 22209-0000 ARLINGTON, VA, 22209-0000  
**Lead Agency:** DJJ **Capacity:** 12 **Age Served:** 13 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** Post-Dispositional Group Home

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Arlington

**NAME:** VANGUARD ADOLESCENT PROGRAM-ARLINGTON **Phone:** (703)841-0703 **ID:** 2691 **License Type:** Annual  
**Physical** 521 N. QUINCY STREET **Mailing** 521 N. QUINCY STREET **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 2/14/2006 2/13/2007  
ARLINGTON, VA, 22204- ARLINGTON, VA, 22204-  
**Lead Agency:** DMHMRSAS **Capacity:** 12 **Age Served:** 14 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** TINA WHITFIELD-JOHNSON -(703)323-3197  
**Categories:** Facility for Substance Abusers

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## Augusta

**NAME:** ANDERSON GROUP HOME FOR BOYS **Phone:** (540)932-1792 **ID:** 2299 **License Type:** Annual  
**Physical** 608 ROSSER AVE **Mailing** 608 ROSSER AVENUE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/21/2006 6/20/2007  
WAYNESBORO, VA, 22980- WAYNESBORO, VA, 22980-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 11 to 17 **Gender Served:** Male  
**Regulatory Authority:** DSS **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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## Augusta

**NAME:** LIBERTY POINT BEHAVIORAL HEALTHCARE (FORMERLYWHISPER RIDGE STAUNTON BEHAVIORAL HEALTH SYSTEM) **Phone:** (540)213-045  
**Physical** 1110 MONTGOMERY AVENUE **Mailing** 1110 MONTGOMERY AVENUE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 9/7/2005 9/6/2006  
STAUNTON, VA, 24401- STAUNTON, VA, 24401-  
**Lead Agency:** DMHMRSAS **Capacity:** 42 **Age Served:** 13 to 22 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** RHONDA ANGEL -(540)332-8423  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
School for Children with Disabilities

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## Bedford County

**NAME:** BUNKER HILL HOME FOR BOYS **Phone:** (540)586-1978 **ID:** 452 **License Type:** Triennial  
**Physical** 805 OLDE TURNPIKE DRIVE **Mailing** 805 OLE TURNPIKE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 7/24/2005 7/23/2008  
BEDFORD, VA, 24523- BEDFORD, VA, 24523-  
**Lead Agency:** DSS **Capacity:** 7 **Age Served:** 10 to 17 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
School for Children with Disabilities

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## Bedford County

**NAME:** OLE TURNPIKE HOME FOR BOYS **Phone:** (540)587-5403 **ID:** 454 **License Type:** Triennial  
**Physical** 801 OLE TURNPIKE ROAD **Mailing** 801 OLE TURNPIKE ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/25/2005 6/24/2008  
BEDFORD, VA, 24523- BEDFORD, VA, 24523-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 10 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

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## Bedford County

**NAME:** OLE TURNPIKE HOME FOR GIRLS **Phone:** (540)587-0598 **ID:** 453 **License Type:** Triennial  
**Physical** 829 OLE TURNPIKE DRIVE **Mailing** 829 OLE TURNPIKE DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/25/2005 6/24/2008  
BEDFORD, VA, 24523- BEDFORD, VA, 24523-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 10 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Bedford County

**NAME:** POINDEXTER'S RESIDENTIAL CHILD CARE FACILITY      **Phone:** (540)586-0518      **ID:** 157      **License Type:** Triennial  
**Physical Address:** 1102 POINDEXTER LANE      **Mailing Address:** 1102 POINDEXTER LANE      **Effective Date:** 2/21/2005      **Expiration Date:** 2/21/2008  
**Address:** BEDFORD, VA, 24523-0000      **Address:** BEDFORD, VA, 24523-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 10      **Age Served:** 0 to 22      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** DEBORAH F TANKERSLEY -(434)947-2283  
**Categories:** Facility for Mentally Retarded

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## Botetourt

**NAME:** ROANOKE SANCTUARY CRISIS INTERVENTION CENTER      **Phone:** (540)977-3324      **ID:** 887      **License Type:** Triennial  
**Physical Address:** 108 COYNER SPRINGS ROAD      **Mailing Address:** 108 COYNER SPRINGS ROAD      **Effective Date:** 4/2/2004      **Expiration Date:** 4/1/2007  
**Address:** ROANOKE, VA, 24012-      **Address:** ROANOKE, VA, 24012-  
**Lead Agency:** DSS      **Capacity:** 12      **Age Served:** 12 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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## Bristol

**NAME:** HIGHLANDS DETENTION HOME      **Phone:** (276)466-7800      **ID:** 55      **License Type:** Triennial  
**Physical Address:** 2105 SHAKESVILLE RD      **Mailing Address:** P. O. BOX 248      **Effective Date:** 1/13/2006      **Expiration Date:** 1/12/2009  
**Address:** BRISTOL, VA, 24201-0000      **Address:** BRISTOL, VA, 24201-0000  
**Lead Agency:** DJJ      **Capacity:** 35      **Age Served:** 13 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** School for Children with Disabilities  
Secure Detention Home

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## Bristol

**NAME:** JANIE HAMMIT CHILDREN'S HOME      **Phone:** (276)669-9221      **ID:** 215      **License Type:** Triennial  
**Physical Address:** 1225 JANIE HAMMIT DRIVE      **Mailing Address:** P.O. BOX 605      **Effective Date:** 3/1/2006      **Expiration Date:** 2/28/2009  
**Address:** BRISTOL, VA, 24201-0000      **Address:** BRISTOL, VA, 24201-0000  
**Lead Agency:** DSS      **Capacity:** 16      **Age Served:** 12 to 17      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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## Buchanan

**NAME:** VIRGINIA WILDERNESS INSTITUTE      **Phone:** (276)498-7032      **ID:** 282      **License Type:** Triennial  
**Physical Address:** 666 MILLBRANCH AT DISMAL      **Mailing Address:** P O BOX 613      **Effective Date:** 7/14/2006      **Expiration Date:** 7/13/2009  
**Address:** OAKWOOD, VA, 24631-0000      **Address:** OAKWOOD, VA, 24631-0000  
**Lead Agency:** DJJ      **Capacity:** 34      **Age Served:** 14 to 18      **Gender Served:** Male  
**Regulatory Authority:** DOE      **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** Juvenile Correctional Facility  
School for Children with Disabilities

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## Buckingham

**NAME:** DISCOVERY SCHOOL OF VIRGINIA      **Phone:** (434)983-5616      **ID:** 292      **License Type:** Triennial  
**Physical Address:** ROUTE 617      **Mailing Address:** P.O. BOX 1160 (ROUTE 617)      **Effective Date:** 4/12/2004      **Expiration Date:** 4/11/2007  
**Address:** DILLWYN, VA, 23936-0000      **Address:** DILLWYN, VA, 23936-0000  
**Lead Agency:** DOE      **Capacity:** 66      **Age Served:** 11 to 18      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** School for Children with Disabilities  
Wilderness Program

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

**Buckingham**

<b>NAME:</b> NEW DOMINION SCHOOL - GIRLS' <b>Physical Address:</b> 3271 CLAYBANK ROAD DILLWYN, VA, 23936-0000	<b>Phone:</b> (434)983-2051 <b>Mailing Address:</b> P. O. BOX 540 DILLWYN, VA, 23936-0000	<b>ID:</b> 228 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/1/2003 <b>Expiration Date:</b> 9/30/2006
<b>Lead Agency:</b> DOE <b>Capacity:</b> 22 <b>Age Served:</b> 11 to 18 <b>Gender Served:</b> Female		
<b>Regulatory Authority:</b> <b>Regulator:</b> GLORIA DALTON -(804)225-2725		
<b>Categories:</b> School for Children with Disabilities Wilderness Program		

**Buckingham**

<b>NAME:</b> NEW DOMINION SCHOOL-BOYS <b>Physical Address:</b> 329 NEW DOMINION LANE DILLWYN, VA, 23936-0000	<b>Phone:</b> (434)983-2051 <b>Mailing Address:</b> P.O. BOX 540 DILLWYN, VA, 23936-0000	<b>ID:</b> 98 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/1/2003 <b>Expiration Date:</b> 9/30/2006
<b>Lead Agency:</b> DOE <b>Capacity:</b> 72 <b>Age Served:</b> 11 to 18 <b>Gender Served:</b> Male		
<b>Regulatory Authority:</b> <b>Regulator:</b> GLORIA DALTON -(804)225-2725		
<b>Categories:</b> School for Children with Disabilities Wilderness Program		

**Carroll**

<b>NAME:</b> JOY RANCH, INC. <b>Physical Address:</b> 813 JOY RANCH ROAD WOODLAWN, VA, 24381-0000	<b>Phone:</b> (276)236-5578 <b>Mailing Address:</b> P. O. BOX 727 WOODLAWN, VA, 24381-0000	<b>ID:</b> 264 <b>License Type:</b> Annual <b>Effective Date:</b> 1/20/2006 <b>Expiration Date:</b> 1/19/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 49 <b>Age Served:</b> 5 to 17 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383		
<b>Categories:</b> Child Caring Institution		

**Carroll**

<b>NAME:</b> SOUTHWESTERN VIRGINIA TRAINING CENTER <b>Physical Address:</b> 160 TRAINING CENTER ROAD HILLSVILLE, VA, 24343-000	<b>Phone:</b> (276)728-3121 <b>Mailing Address:</b> P.O. BOX 1328 HILLSVILLE, VA, 24343-0000	<b>ID:</b> 152 <b>License Type:</b> Triennial <b>Effective Date:</b> 4/1/2004 <b>Expiration Date:</b> 3/31/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 1 <b>Age Served:</b> 12 to 21 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> DOE <b>Regulator:</b> STEPHEN L PATRICK -(276)676-5790		
<b>Categories:</b> Facility for Mentally Retarded Respite Care School for Children with Disabilities		

**Charlottesville**

<b>NAME:</b> ANDERSON GROUP HOME FOR BOYS <b>Physical Address:</b> 2000 HAMPTON DRIVE WAYNESBORO, VA, 22980-	<b>Phone:</b> (434)295-2693 <b>Mailing Address:</b> 747 NALLE AVENUE WAYNESBORO, VA, 22980-	<b>ID:</b> 355 <b>License Type:</b> Triennial <b>Effective Date:</b> 12/7/2004 <b>Expiration Date:</b> 12/6/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 6 <b>Age Served:</b> 11 to 17 <b>Gender Served:</b> Male		
<b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383		
<b>Categories:</b> Child Caring Institution		

**Charlottesville**

<b>NAME:</b> COMMUNITY ATTENTION HOME <b>Physical Address:</b> 414 4TH STREET N.E. CHARLOTTESVILLE, VA, 2290	<b>Phone:</b> (434)970-3305 <b>Mailing Address:</b> 414 4TH STREET N.E. CHARLOTTESVILLE, VA, 22902-0000	<b>ID:</b> 32 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/15/2004 <b>Expiration Date:</b> 10/14/2007
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 12 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> <b>Regulator:</b> CAROEL SELBY -(804)323-2219		
<b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Charlottesville

**NAME:** STARS/GEMINI HOUSE **Phone:** (434)220-6050 **ID:** 314 **License Type:** Triennial  
**Physical Address:** 1401 HAMPTON STREET **Mailing Address:** 536 PANTOPS CENTER, PMB 338 **Effective Date:** 9/21/2004 **Expiration Date:** 9/20/2007  
**Address:** CHARLOTTESVILLE, VA, 22903 **Address:** CHARLOTTESVILLE, VA, 22903-0000  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 13 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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## Charlottesville

**NAME:** STARS/ORION HOUSE **Phone:** **ID:** 2366 **License Type:** Triennial  
**Physical Address:** 2300 ANGUS ROAD **Mailing Address:** 2300 ANGUS ROAD **Effective Date:** 8/8/2006 **Expiration Date:** 8/7/2009  
**Address:** CHARLOTTESVILLE, VA, 2290 **Address:** CHARLOTTESVILLE, VA, 22901-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 13 to 17 **Gender Served:** Female  
**Regulatory Authority:** DSS **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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## Charlottesville

**NAME:** STARS/ZENITH HOUSE **Phone:** (434)970-1904 **ID:** 551 **License Type:** Triennial  
**Physical Address:** 517 PARK STREET **Mailing Address:** 536 PANTOPS CENTER, PMB 338 **Effective Date:** 12/17/2005 **Expiration Date:** 12/16/2008  
**Address:** CHARLOTTESVILLE, VA, 2290 **Address:** CHARLOTTESVILLE, VA, 22901-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 13 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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## Chesapeake

**NAME:** CENTERVILLE GROUP HOME **Phone:** (757)482-4744 **ID:** 22 **License Type:** Triennial  
**Physical Address:** 916 CENTERVILLE TURNPIKE SOUTH **Mailing Address:** 916 CENTERVILLE TURNPIKE **Effective Date:** 9/9/2004 **Expiration Date:** 9/8/2007  
**Address:** CHESAPEAKE, VA, 23322-000 **Address:** CHESAPEAKE, VA, 23322-0000  
**Lead Agency:** DJJ **Capacity:** 13 **Age Served:** 13 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** Post-Dispositional Group Home

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## Chesapeake

**NAME:** CHESAPEAKE BOYS' COMMUNITY YOUTH HOME **Phone:** (757)485-5720 **ID:** 96 **License Type:** Triennial  
**Physical Address:** 920 MINUTEMAN RD. **Mailing Address:** 920 MINUTEMAN RD **Effective Date:** 2/10/2005 **Expiration Date:** 2/9/2008  
**Address:** CHESAPEAKE, VA, 23323-000 **Address:** CHESAPEAKE, VA, 23323-0000  
**Lead Agency:** DJJ **Capacity:** 15 **Age Served:** 13 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** Post-Dispositional Group Home  
Pre-Dispositional Group Home

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## Chesapeake

**NAME:** HOUSE OF ESTER MINISTRIES **Phone:** (757)482-4805 **ID:** 1015 **License Type:** Triennial  
**Physical Address:** 449 CENTERVILLE TURNPIKE SOUTH **Mailing Address:** P. O. BOX 15007 **Effective Date:** 12/9/2004 **Expiration Date:** 12/8/2007  
**Address:** CHESAPEAKE, VA, 23322- **Address:** CHESAPEAKE, VA, 23322-  
**Lead Agency:** DSS **Capacity:** 4 **Age Served:** 14 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Chesapeake

**NAME:** SALEM HOUSE **Phone:** (757)471-0140 **ID:** 209 **License Type:** Triennial  
**Physical Address:** 2293 LYNNHAVEN PARKWAY **Mailing Address:** 2293 LYNNHAVEN PARKWAY **Effective Date:** 12/1/2003 **Expiration Date:** 11/30/2006  
**Address:** VIRGINIA BEACH, VA, 23456 **Address:** VIRGINIA BEACH, VA, 23456-0000  
**Lead Agency:** DJJ **Capacity:** 12 **Age Served:** 13 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** MARK LEWIS - (804)323-2218  
**Categories:** Post-Dispositional Group Home  
Pre-Dispositional Group Home  
Temporary Care Facility

## Chesapeake

**NAME:** SOUTHEASTERN VIRGINIA TRAINING CENTER **Phone:** (757)424-8201 **ID:** 150 **License Type:** Triennial  
**Physical Address:** 2100 STEPPINGSTONE SQUARE **Mailing Address:** 2100 STEPPINGSTONE SQUARE **Effective Date:** 11/13/2005 **Expiration Date:** 11/12/2008  
**Address:** CHESAPEAKE, VA, 23320-000 **Address:** CHESAPEAKE, VA, 23320-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 8 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** Mr. DENNIS RIDDICK - (757)253-5465  
**Categories:** Facility for Mentally Retarded  
Respite Care  
School for Children with Disabilities

## Chesapeake

**NAME:** TIDEWATER DETENTION HOME **Phone:** (757)382-6364 **ID:** 49 **License Type:** Triennial  
**Physical Address:** 420 ALBEMARLE DR **Mailing Address:** 420 ALBEMARLE DR **Effective Date:** 11/8/2003 **Expiration Date:** 11/9/2006  
**Address:** CHESAPEAKE, VA, 23322-000 **Address:** CHESAPEAKE, VA, 23322-0000  
**Lead Agency:** DJJ **Capacity:** 100 **Age Served:** 9 to 18 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** MARK LEWIS - (804)323-2218  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Chesapeake

**NAME:** VICTORY HOUSE - POSITIVE PATHWAYS **Phone:** (757)543-1870 **ID:** 378 **License Type:** Triennial  
**Physical Address:** 1301 OHIO STREET **Mailing Address:** 1301 OHIO STREET **Effective Date:** 10/11/2005 **Expiration Date:** 10/10/2008  
**Address:** CHESAPEAKE, VA, 23320- **Address:** CHESAPEAKE, VA, 23320-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 13 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON - (804)726-7160  
**Categories:** Child Caring Institution

## Chesterfield

**NAME:** 1800 BOYS ADOLESCENT GROUP HOME **Phone:** (804)717-5041 **ID:** 2017 **License Type:** Triennial  
**Physical Address:** 12400 NASH ROAD **Mailing Address:** P.O. BOX 322 **Effective Date:** 3/24/2006 **Expiration Date:** 3/23/2009  
**Address:** CHESTERFIELD, VA, 23838- **Address:** CHESTERFIELD, VA, 23838-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 15 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN - (804)726-7155  
**Categories:** Child Caring Institution  
Independent Living Program

## Chesterfield

**NAME:** BON AIR JUVENILE CORRECTIONAL CENTER **Phone:** (804)323-2550 **ID:** 37 **License Type:** Annual  
**Physical Address:** 1900 CHATSWORTH AVE **Mailing Address:** 1900 CHATSWORTH AVE **Effective Date:** 4/12/2006 **Expiration Date:** 4/12/2007  
**Address:** BON AIR, VA, 23235-0000 **Address:** BON AIR, VA, 23235-0000  
**Lead Agency:** DJJ **Capacity:** 280 **Age Served:** 11 to 20 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CAROEL SELBY - (804)323-2219  
**Categories:** Juvenile Correctional Facility  
School for Children with Disabilities

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Chesterfield

**NAME:** CHESTERFIELD COUNTY YOUTH GROUP HOME **Phone:** (804)748-1612 **ID:** 198 **License Type:** Triennial  
**Physical** 9610 KRAUSE ROAD **Mailing** 9610 KRAUSE ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/10/2005 3/9/2008  
CHESTERFIELD, VA, 23832-0 CHESTERFIELD, VA, 23832-0000  
**Lead Agency:** DJJ **Capacity:** 16 **Age Served:** 12 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** Post-Dispositional Group Home  
Pre-Dispositional Group Home

## Chesterfield

**NAME:** CHESTERFIELD JUVENILE DETENTION HOME **Phone:** (804)748-1460 **ID:** 51 **License Type:** Triennial  
**Physical** 9700 KRAUSE RD **Mailing** 9700 KRAUSE RD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 10/28/2004 10/27/2007  
CHESTERFIELD, VA, 23832-0 CHESTERFIELD, VA, 23832-0000  
**Lead Agency:** DJJ **Capacity:** 90 **Age Served:** 7 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Chesterfield

**NAME:** CLARK HOUSE **Phone:** (804)674-4456 **ID:** 1949 **License Type:** Annual  
**Physical** 4136 WOODFIELD ROAD **Mailing** 4136 WOODFIELD ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/7/2006 3/6/2007  
RICHMOND, VA, 23234- RICHMOND, VA, 23234-  
**Lead Agency:** DSS **Capacity:** 7 **Age Served:** 14 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

## Chesterfield

**NAME:** DESTINY'S FULFILLED L.L.C **Phone:** (804)276-1702 **ID:** 2407 **License Type:** Annual  
**Physical** 1908 CHEVELLE DRIVE **Mailing** 1908 CHEVELLE DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 7/5/2006 7/4/2007  
RICHMOND, VA, 23235- RICHMOND, VA, 23235-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 14 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Independent Living Program

## Chesterfield

**NAME:** DIAMONDS IN THE ROUGH YOUTH & FAMILY SERVICES, INC. **Phone:** (804)379-6778 **ID:** 469 **License Type:** Annual  
**Physical** 11518 SMOKETREE DRIVE **Mailing** P.O. BOX 37187 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 4/15/2006 4/14/2007  
RICHMOND, VA, 23236- RICHMOND, VA, 23236-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 18 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Chesterfield

**NAME:** EMPOWERMENT HOUSE **Phone:** (804)743-7220 **ID:** 886 **License Type:** Triennial  
**Physical** 6719 IRONGATE DRIVE **Mailing** 8025 HILLCREEK DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/26/2004 12/25/2007  
RICHMOND, VA, 23234- RICHMOND, VA, 23234-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution



# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Chesterfield

**NAME:** GENERATION HOUSE **Phone:** (804)937-8458 **ID:** 306 **License Type:** Triennial  
**Physical** 5024 BRYANBELL LANE **Mailing** 5024 BRYANBELL LANE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 2/1/2004 1/31/2007  
RICHMOND, VA, 23234-0000 RICHMOND, VA, 23234-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Chesterfield

**NAME:** GIRLS IN FOCUS **Phone:** (804)714-1812 **ID:** 1381 **License Type:** Triennial  
**Physical** 4807 BURNHAM ROAD **Mailing** P.O. BOX 34684 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 9/19/2004 9/18/2007  
RICHMOND, VA, 23234- RICHMOND, VA, 23234-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** DOE **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Chesterfield

**NAME:** GRAFTON - CASTLE GLENN **Phone:** (804)745-8446 **ID:** 225 **License Type:** Triennial  
**Physical** 9927 CASTLE GLENN TERRACE **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 4/1/2005 3/31/2008  
RICHMOND, VA, 23236-0000 RICHMOND, VA, 23236-0000  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 13 to 21 **Gender Served:** Female  
**Regulatory Authority:** DMH **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Chesterfield

**NAME:** GRAFTON - DEER MEADOW **Phone:** (804)744-9233 **ID:** 281 **License Type:** Triennial  
**Physical** 2009 DEER MEADOW COURT **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/6/2005 12/5/2008  
MIDLOTHIAN, VA, 23313-000 MIDLOTHIAN, VA, 23313-0000  
**Lead Agency:** DOE **Capacity:** 4 **Age Served:** 12 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMH **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Chesterfield

**NAME:** GRAFTON - DEER THICKET COURT **Phone:** (804)639-2727 **ID:** 328 **License Type:** Triennial  
**Physical** 13908 DEER THICKET CT. **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 10/31/2005 10/30/2008  
MIDLOTHIAN, VA, 23112-000 MIDLOTHIAN, VA, 23112-0000  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 13 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Chesterfield

**NAME:** GRAFTON - OLD BARN COURT GROUP HOME **Phone:** (804)379-6580 **ID:** 274 **License Type:** Triennial  
**Physical** 13306 OLD BARN COURT **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 5/15/2005 5/14/2008  
MIDLOTHIAN, VA, 23112-000 MIDLOTHIAN, VA, 23112-0000  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 13 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Chesterfield

**NAME:** GRAFTON - RABBIT FOOT COURT GROUP HOME **Phone:** (804)675-2746 **ID:** 324 **License Type:** Triennial  
**Physical** 4406 RABBIT FOOT COURT **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 5/5/2004 5/4/2007  
RICHMOND, VA, 23236-0000 RICHMOND, VA, 23236-0000  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 12 to 20 **Gender Served:** Male  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
School for Children with Disabilities

## Chesterfield

**NAME:** GRAFTON - RIDGE RUN GROUP HOME **Phone:** (804)744-6364 **ID:** 1440 **License Type:** Triennial  
**Physical** 10713 RIDGE RUN ROAD **Mailing** POST OFFICE BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/18/2004 6/17/2007  
CHESTERFIELD, VA, 23832- CHESTERFIELD, VA, 23832-  
**Lead Agency:** DOE **Capacity:** 4 **Age Served:** 18 to 21 **Gender Served:** Male  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Chesterfield

**NAME:** GRAFTON - WOLFBERRY GROUP HOME **Phone:** (804)745-0723 **ID:** 271 **License Type:** Triennial  
**Physical** 517 WOLFBERRY ROAD **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/1/2005 2/28/2008  
RICHMOND, VA, 23236-0000 RICHMOND, VA, 23236-0000  
**Lead Agency:** DOE **Capacity:** 6 **Age Served:** 10 to 16 **Gender Served:** Male  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Chesterfield

**NAME:** GRAFTON-PHILRAY **Phone:** (804)560-4345 **ID:** 354 **License Type:** Triennial  
**Physical** 257 PHILRAY ROAD **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 5/2/2005 5/1/2008  
RICHMOND, VA, 23236- RICHMOND, VA, 23236-  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 13 to 20 **Gender Served:** Male  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
School for Children with Disabilities

## Chesterfield

**NAME:** GRAFTON-SUTTERS MILL GROUP HOME **Phone:** (804)763-0513 **ID:** 162 **License Type:** Triennial  
**Physical** 2601 SUTTERS MILL TERRACE **Mailing** P.O. BOX 2500 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 7/1/2004 6/30/2007  
MIDLOTHIAN, VA, 23112-0000 MIDLOTHIAN, VA, 23112-0000  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 5 to 12 **Gender Served:** Both  
**Regulatory Authority:** DMH **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
School for Children with Disabilities

## Chesterfield

**NAME:** HAMLET HOUSE YOUTH SERVICES **Phone:** (804)275-0011 **ID:** 467 **License Type:** Triennial  
**Physical** 6930 MASON WOODS DRIVE **Mailing** 6930 MASON WOODS DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 9/13/2004 9/12/2007  
CHESTERFIELD, VA, 23234- CHESTERFIELD, VA, 23234-  
**Lead Agency:** DMHMRSAS **Capacity:** 6 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** TAMMY TRESTRAIL -(804)225-3405  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Chesterfield

**NAME:** HOLLAND HOUSE **Phone:** (804)897-7240 **ID:** 2530 **License Type:** Annual  
**Physical** 236 EASTMAN ROAD **Mailing** 7633 HULL STREET ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/5/2006 3/4/2007  
RICHMOND, VA, 23236- RICHMOND, VA, 23236-  
**Lead Agency:** DMHMRSAS **Capacity:** 7 **Age Served:** 13 to 18 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Chesterfield

**NAME:** HOUSE OF HOSANNA **Phone:** (804)276-0711 **ID:** 408 **License Type:** Triennial  
**Physical** 720 TURNER ROAD **Mailing** 3261 CULLENWOOD DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 8/28/2004 8/27/2007  
RICHMOND, VA, 23234- RICHMOND, VA, 23234-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 9 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Chesterfield

**NAME:** INTERCEPT - ANTHEM HOUSE **Phone:** (804)377-3774 **ID:** 1501 **License Type:** Triennial  
**Physical** 1700 TURNER ROAD **Mailing** 5511 STAPLES MILL ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/1/2004 11/30/2007  
RICHMOND, VA, 23225- RICHMOND, VA, 23225-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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## Chesterfield

**NAME:** INTERCEPT - BRIDGE HOUSE **Phone:** (804)425-8001 **ID:** 1500 **License Type:** Triennial  
**Physical** 11961 IRON BRIDGE ROAD **Mailing** 5511 STAPLES MILL ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 11/2/2004 11/1/2007  
CHESTER, VA, 23831- CHESTER, VA, 23831-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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## Chesterfield

**NAME:** INTERCEPT - PROVIDENCE HOUSE **Phone:** **ID:** 813 **License Type:** Triennial  
**Physical** 2241 SOUTH PROVIDENCE ROAD **Mailing** 5511 STAPLES MILL ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/20/2003 12/20/2006  
RICHMOND, VA, 23236- RICHMOND, VA, 23236-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 13 to 19 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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## Chesterfield

**NAME:** INTERCEPT - SPRING HOUSE **Phone:** **ID:** 2126 **License Type:** Triennial  
**Physical** 2129 PROVIDENCE ROAD **Mailing** 5511 STAPLES MILL ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 5/29/2006 5/28/2009  
RICHMOND, VA, 23236- RICHMOND, VA, 23236-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 13 to 19 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Chesterfield

**NAME:** INTERCEPT - SUMMIT HOUSE  
**Physical Address:** 3400 NEWBY'S BRIDGE ROAD  
**Address:** CHESTERFIELD, VA, 23832-  
**Phone:** Mailing 5511 STAPLES MILL ROAD  
**Address:** SUITE 102  
**ID:** 2080 **License Type:** Triennial  
**Effective Date:** 12/25/2005 **Expiration Date:** 12/24/2008  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** Regulator: VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

## Chesterfield

**NAME:** KIDS IN FOCUS OF VIRGINIA  
**Physical Address:** 3801 LAKE HILLS ROAD  
**Address:** RICHMOND, VA, 23234-  
**Phone:** (804)714-1812  
**Mailing P. O. BOX 34686**  
**ID:** 753 **License Type:** Triennial  
**Effective Date:** 12/20/2003 **Expiration Date:** 12/19/2006  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 17 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Chesterfield

**NAME:** LITTLE KIDS IN FOCUS  
**Physical Address:** 6421 BELMONT ROAD  
**Address:** RICHMOND, VA, 23234-  
**Phone:** (804)714-1812  
**Mailing P.O. BOX 34686**  
**ID:** 2322 **License Type:** Annual  
**Effective Date:** 4/18/2006 **Expiration Date:** 4/17/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 6 to 12 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Chesterfield

**NAME:** NU-DAE RESIDENTIAL HOME  
**Physical Address:** 6513 WATCHRUN COURT  
**Address:** RICHMOND, VA, 23234-  
**Phone:** (804)714-1864  
**Mailing P.O. BOX 9591**  
**ID:** 795 **License Type:** Triennial  
**Effective Date:** 12/7/2003 **Expiration Date:** 12/6/2006  
**Lead Agency:** DMHMRSAS **Capacity:** 5 **Age Served:** 12 to 18 **Gender Served:** Male  
**Regulatory Authority:** Regulator: TAMMY TRESTRAIL -(804)225-3405  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Chesterfield

**NAME:** OAK RIDGE JUVENILE CORRECTIONAL CENTER  
**Physical Address:** 1801 OLD BON AIR RD  
**Address:** RICHMOND, VA, 23235-0000  
**Phone:** (804)323-2335  
**Mailing 1801 OLD BON AIR RD**  
**ID:** 50 **License Type:** Triennial  
**Effective Date:** 12/10/2004 **Expiration Date:** 12/11/2007  
**Lead Agency:** DJJ **Capacity:** 40 **Age Served:** 11 to 20 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** Juvenile Correctional Facility  
School for Children with Disabilities

## Chesterfield

**NAME:** PARSONAGE PLACE, II  
**Physical Address:** 3408 SILLIMAN TERRACE  
**Address:** CHESTERFIELD, VA, 23832-  
**Phone:** Mailing P.O. BOX 74051  
**Address:** CHESTERFIELD, VA, 23832-  
**ID:** 1954 **License Type:** Triennial  
**Effective Date:** 2/24/2006 **Expiration Date:** 2/23/2009  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 21 **Gender Served:** Male  
**Regulatory Authority:** Regulator: SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Chesterfield

**NAME:** RECEPTION AND DIAGNOSTIC CENTER FOR CHILDREN      **Phone:** (804)323-2600      **ID:** 40      **License Type:** Triennial  
**Physical** 1601 BON AIR RD      **Mailing** 1601 BON AIR RD      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      3/9/2006      3/8/2009  
BON AIR, VA, 23235-0000      BON AIR, VA, 23235-0000  
**Lead Agency:** DJJ      **Capacity:** 166      **Age Served:** 11 to 20      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** Juvenile Correctional Facility  
School for Children with Disabilities

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Chesterfield

**NAME:** SECOND CHANCE AT LIFE, INC.      **Phone:** (804)714-0391      **ID:** 1732      **License Type:** Triennial  
**Physical** 4800 COCHISE TRAIL      **Mailing** 4800 COCHISE TRAIL      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      8/1/2005      7/31/2008  
RICHMOND, VA, 23237-      RICHMOND, VA, 23237-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 14 to 18      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** TAMMY TRESTRAIL -(804)225-3405  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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Chesterfield

**NAME:** T-LAB, INC.      **Phone:** (804)590-2227      **ID:** 321      **License Type:** Annual  
**Physical** 6219 GLENLIVET DRIVE      **Mailing** 6219 GLENLIVET DRIVE      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      12/27/2005      12/26/2006  
PETERSBURG, VA, 23803-000      PETERSBURG, VA, 23803-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 4      **Age Served:** 9 to 14      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Retarded

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Chesterfield

**NAME:** T-LAB, INC.      **Phone:** (804)590-2227      **ID:** 321      **License Type:** Provisional  
**Physical** 6219 GLENLIVET DRIVE      **Mailing** 6219 GLENLIVET DRIVE      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      8/4/2006      2/3/2007  
PETERSBURG, VA, 23803-000      PETERSBURG, VA, 23803-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 4      **Age Served:** 9 to 14      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Retarded

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Chesterfield

**NAME:** VICTORY HOUSE - TOMORROW'S PROMISE      **Phone:** (804)743-9258      **ID:** 2045      **License Type:** Triennial  
**Physical** 4830 STEVEN HILL DRIVE      **Mailing** 8025 HILLCREEK DRIVE      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      5/15/2006      5/14/2009  
RICHMOND, VA, 23234-      RICHMOND, VA, 23234-  
**Lead Agency:** DSS      **Capacity:** 5      **Age Served:** 16 to 20      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution  
Independent Living Program

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Chesterfield

**NAME:** YOUTH EMPOWERMENT HOUSE (PARSONAGE PLACE I)      **Phone:** (804)745-2821      **ID:** 1360      **License Type:** Triennial  
**Physical** 9120 CARDIFF ROAD      **Mailing** P.O. BOX 74051      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      1/8/2006      1/7/2009  
RICHMOND, VA, 23236-      RICHMOND, VA, 23236-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 12 to 18      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Clarke

<b>NAME:</b> GRAFTON - BERRYVILLE <b>Physical Address:</b> 180 GRAFTON LANE BERRYVILLE, VA, 22611-000	<b>Phone:</b> (540)955-2400 <b>Mailing Address:</b> P.O. BOX 2500 BERRYVILLE, VA, 22611-0000	<b>ID:</b> 105 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/1/2003 <b>Expiration Date:</b> 8/31/2006
<b>Lead Agency:</b> DOE <b>Capacity:</b> 84 <b>Age Served:</b> 6 to 21 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON -(804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded School for Children with Disabilities		

Clarke

<b>NAME:</b> GRAFTON - STURM GROUP HOME <b>Physical Address:</b> 257 WICKLIFFE ROAD BERRYVILLE, VA, 22611-	<b>Phone:</b> (540)955-4072 <b>Mailing Address:</b> P.O. Box 2500 BERRYVILLE, VA, 22611-	<b>ID:</b> 968 <b>License Type:</b> Triennial <b>Effective Date:</b> 3/1/2004 <b>Expiration Date:</b> 2/28/2007
<b>Lead Agency:</b> DOE <b>Capacity:</b> 4 <b>Age Served:</b> 6 to 21 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON -(804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded		

Craig

<b>NAME:</b> W.O.O.D.S. AT CAMP ON CRAIG <b>Physical Address:</b> ROUTE 2, BOX 134-G NEW CASTLE, VA, 24127-000	<b>Phone:</b> (540)864-6640 <b>Mailing Address:</b> P. O. BOX 307 NEW CASTLE, VA, 24127-0000	<b>ID:</b> 175 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/1/2004 <b>Expiration Date:</b> 9/30/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 24 <b>Age Served:</b> 11 to 17 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> DOE <b>Regulator:</b> ROGER MASSIE -(540)332-9383 <b>Categories:</b> Child Caring Institution School for Children with Disabilities Wilderness Program		

Culpeper

<b>NAME:</b> ALICE C. TYLER VILLAGE OF CHILDHELP EAST <b>Physical Address:</b> 23164 DRAGOON ROAD LIGNUM, VA, 22726-0000	<b>Phone:</b> (540)399-1926 <b>Mailing Address:</b> 23164 DRAGOON ROAD LIGNUM, VA, 22726-0000	<b>ID:</b> 187 <b>License Type:</b> Triennial <b>Effective Date:</b> 1/12/2005 <b>Expiration Date:</b> 1/11/2008
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 57 <b>Age Served:</b> 4 to 15 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> E. TERRENCE HOBAN -(703)323-2106 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Substance Abusers School for Children with Disabilities		

Culpeper

<b>NAME:</b> CULPEPER JUVENILE CORRECTIONAL CENTER <b>Physical Address:</b> 12240 COFFEEWOOD DR MITCHELLS, VA, 22729-0000	<b>Phone:</b> (540)727-3385 <b>Mailing Address:</b> P.O. BOX 1000 MITCHELLS, VA, 22729-0000	<b>ID:</b> 302 <b>License Type:</b> Triennial <b>Effective Date:</b> 11/10/2003 <b>Expiration Date:</b> 11/9/2006
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 225 <b>Age Served:</b> 10 to 20 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> CAROEL SELBY -(804)323-2219 <b>Categories:</b> Juvenile Correctional Facility School for Children with Disabilities		

Culpeper

<b>NAME:</b> CULPEPER JUVENILE DETENTION CENTER <b>Physical Address:</b> 12240 COFFEEWOOD DR MITCHELLS, VA, 22729-0000	<b>Phone:</b> (540)727-3385 <b>Mailing Address:</b> P. O. BOX 1000 MITCHELLS, VA, 22729-0000	<b>ID:</b> 301 <b>License Type:</b> Triennial <b>Effective Date:</b> 11/10/2003 <b>Expiration Date:</b> 11/9/2006
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 50 <b>Age Served:</b> 10 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> CAROEL SELBY -(804)323-2219 <b>Categories:</b> School for Children with Disabilities Secure Detention Home		

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Danville

**NAME:** W. W. MOORE DETENTION HOME      **Phone:** (434)799-5295      **ID:** 41      **License Type:** Triennial  
**Physical Address:** 603 COLQUOHOUN STREET      **Mailing Address:** 603 COLQUOHOUN ST.      **Effective Date:** 10/14/2005      **Expiration Date:** 10/13/2008  
**Address:** DANVILLE, VA, 24541-0000      **Address:** DANVILLE, VA, 24541-0000  
**Lead Agency:** DJJ      **Capacity:** 60      **Age Served:** 10 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

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## Dinwiddie

**NAME:** ALPHA HOUSE I      **Phone:** (804)861-0596      **ID:** 263      **License Type:** Triennial  
**Physical Address:** 4526 BRICKWOOD MEADOW CT.      **Mailing Address:** 4725 WOODSTREAM DRIVE      **Effective Date:** 3/8/2006      **Expiration Date:** 3/7/2009  
**Address:** PETERSBURG, VA, 23803-000      **Address:** PETERSBURG, VA, 23803-0000  
**Lead Agency:** DSS      **Capacity:** 10      **Age Served:** 0 to 17      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
Mother/Baby program

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## Dinwiddie

**NAME:** ALPHA HOUSE II      **Phone:** (804)861-0533      **ID:** 326      **License Type:** Triennial  
**Physical Address:** 3903 WEST AUTUMN DRIVE      **Mailing Address:** 4725 WOODSTREAM DRIVE      **Effective Date:** 4/10/2005      **Expiration Date:** 4/9/2008  
**Address:** PETERSBURG, VA, 23803-000      **Address:** PETERSBURG, VA, 23803-0000  
**Lead Agency:** DSS      **Capacity:** 9      **Age Served:** 12 to 17      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
Mother/Baby program

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## Dinwiddie

**NAME:** POPLAR PLACE OF SUTHERLAND      **Phone:** (804)265-9214      **ID:** 2047      **License Type:** Annual  
**Physical Address:** 19103 WHITE OAK      **Mailing Address:** 350 POPLAR DRIVE      **Effective Date:** 12/15/2005      **Expiration Date:** 12/15/2006  
**Address:** SUTHERLAND, VA, 23885-922      **Address:** SUTHERLAND, VA, 23885-9223  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 13 to 17      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Essex

**NAME:** BRIDGE HOUSE      **Phone:** (804)333-4033      **ID:** 21      **License Type:** Other  
**Physical Address:** 264 THREEWAY ROAD      **Mailing Address:** 264 THREEWAY ROAD      **Effective Date:** 4/8/2006      **Expiration Date:** 9/13/2006  
**Address:** WARSAW, VA, 22572-0000      **Address:** WARSAW, VA, 22572-0000  
**Lead Agency:** DJJ      **Capacity:** 12      **Age Served:** 13 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** Post-Dispositional Group Home

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## Fairfax

**NAME:** FOR CHILDREN'S SAKE EMERGENCY DIAGNOSTIC CENTER      **Phone:** (703)815-8815      **ID:** 1568      **License Type:** Triennial  
**Physical Address:** 5202 WINFIELD ROAD      **Mailing Address:** 5202 WINFIELD ROAD      **Effective Date:** 7/28/2005      **Expiration Date:** 7/27/2008  
**Address:** FAIRFAX, VA, 22030-      **Address:** FAIRFAX, VA, 22030-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 5 to 12      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** E. TERRENCE HOBAN -(703)323-2106  
**Categories:** Emergency Shelter  
Facility for Mentally Ill/Emotionally Disturbed  
Respite Care  
School for Children with Disabilities  
Temporary Care Facility

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Fairfax

<b>NAME:</b> LIFELINE OF VA. <b>Physical Address:</b> 4228 SUMMIT MANOR COURT #203 FAIRFAX, VA, 22033-	<b>Phone:</b> (301)604-7791 <b>Mailing Address:</b> P.O. BOX 3184 FAIRFAX, VA, 22033-	<b>ID:</b> 1588 <b>License Type:</b> Conditional <b>Effective Date:</b> 6/15/2006 <b>Expiration Date:</b> 12/14/2006
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 3 <b>Age Served:</b> 1 to 21 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> <b>Regulator:</b> E. TERRENCE HOBAN -(703)323-2106 <b>Categories:</b> Facility for Mentally Retarded Respite Care		

Fairfax

<b>NAME:</b> MY FRIEND'S PLACE <b>Physical Address:</b> 3504 BEVERLY DRIVE ANNANDALE, VA, 22003-0000	<b>Phone:</b> (703)641-0647 <b>Mailing Address:</b> 3504 BEVERLY DRIVE ANNANDALE, VA, 22003-0000	<b>ID:</b> 146 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/1/2004 <b>Expiration Date:</b> 8/31/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 5 <b>Age Served:</b> 5 to 12 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> <b>Regulator:</b> E. TERRENCE HOBAN -(703)323-2106 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

Fairfax

<b>NAME:</b> SUNRISE II <b>Physical Address:</b> 3219 WEST OX ROAD HERNDON, VA, 20171-0000	<b>Phone:</b> (703)648-0884 <b>Mailing Address:</b> 3219 WEST OX ROAD HERNDON, VA, 20171-0000	<b>ID:</b> 245 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/1/2004 <b>Expiration Date:</b> 9/30/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 8 <b>Age Served:</b> 13 to 18 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> <b>Regulator:</b> TINA WHITFIELD-JOHNSON -(703)323-3197 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

Fairfax County

<b>NAME:</b> ALCOHOL AND DRUG SERVICES - CROSSROADS <b>Physical Address:</b> 6901 S. VAN DORN ST ALEXANDRIA, VA, 22315-396	<b>Phone:</b> (703)313-6300 <b>Mailing Address:</b> 6901 S. VAN DORN ST ALEXANDRIA, VA, 22315-3961	<b>ID:</b> 124 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/1/2004 <b>Expiration Date:</b> 6/30/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 20 <b>Age Served:</b> 15 to 18 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> TINA WHITFIELD-JOHNSON -(703)323-3197 <b>Categories:</b> Facility for Substance Abusers		

Fairfax County

<b>NAME:</b> ALTERNATIVE HOUSE <b>Physical Address:</b> 2100 GALLOWS ROAD VIENNA, VA, 22182-0000	<b>Phone:</b> (703)506-9191 <b>Mailing Address:</b> P. O. BOX 694 VIENNA, VA, 22182-0000	<b>ID:</b> 137 <b>License Type:</b> Triennial <b>Effective Date:</b> 1/1/2005 <b>Expiration Date:</b> 12/31/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 8 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> TINA WHITFIELD-JOHNSON -(703)323-3197 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

Fairfax County

<b>NAME:</b> FAIRFAX BOYS PROBATION HOUSE <b>Physical Address:</b> 4410 SHIRLEY GATE RD. FAIRFAX, VA, 22030-0000	<b>Phone:</b> (703)591-0171 <b>Mailing Address:</b> 4410 SHIRLEY GATE RD. FAIRFAX, VA, 22030-0000	<b>ID:</b> 30 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/14/2005 <b>Expiration Date:</b> 7/13/2008
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 22 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> <b>Regulator:</b> CLARICE BOOKER -(804)323-2669 <b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		



**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Fairfax County

<b>NAME:</b> FAIRFAX COUNTY JUVENILE DETENTION CENTER	<b>Phone:</b> (703)246-2844	<b>ID:</b> 53 <b>License Type:</b> Triennial
<b>Physical Address:</b> 10650 PAGE AVENUE	<b>Mailing Address:</b> 10650 PAGE AVENUE	<b>Effective Date:</b> 1/13/2006 <b>Expiration Date:</b> 1/12/2009
FAIRFAX, VA, 22030-0000	FAIRFAX, VA, 22030-0000	
<b>Lead Agency:</b> DJJ	<b>Capacity:</b> 121 <b>Age Served:</b> 7 to 17 <b>Gender Served:</b> Both	
<b>Regulatory Authority:</b> DOE	<b>Regulator:</b> CLARICE BOOKER -(804)323-2669	
<b>Categories:</b> School for Children with Disabilities Secure Detention Home		

Fairfax County

<b>NAME:</b> FAIRFAX GIRLS PROBATION HOUSE	<b>Phone:</b> (703)830-2930	<b>ID:</b> 31 <b>License Type:</b> Triennial
<b>Physical Address:</b> 12720 LEE HIGHWAY	<b>Mailing Address:</b> 12720 LEE HIGHWAY	<b>Effective Date:</b> 3/15/2005 <b>Expiration Date:</b> 3/14/2008
FAIRFAX, VA, 22030-0000	FAIRFAX, VA, 22030-0000	
<b>Lead Agency:</b> DJJ	<b>Capacity:</b> 12 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Female	
<b>Regulatory Authority:</b>	<b>Regulator:</b> CLARICE BOOKER -(804)323-2669	
<b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		

Fairfax County

<b>NAME:</b> FAIRFAX LESS SECURE SHELTER	<b>Phone:</b> (703)246-2900	<b>ID:</b> 62 <b>License Type:</b> Triennial
<b>Physical Address:</b> 10650 PAGE AVE	<b>Mailing Address:</b> 10650 PAGE AVE	<b>Effective Date:</b> 5/10/2004 <b>Expiration Date:</b> 5/9/2007
FAIRFAX, VA, 22030-0000	FAIRFAX, VA, 22030-0000	
<b>Lead Agency:</b> DJJ	<b>Capacity:</b> 12 <b>Age Served:</b> 10 to 17 <b>Gender Served:</b> Both	
<b>Regulatory Authority:</b>	<b>Regulator:</b> CLARICE BOOKER -(804)323-2669	
<b>Categories:</b> Temporary Care Facility		

Fairfax County

<b>NAME:</b> RYS - HICKORY GROVE	<b>Phone:</b> (703)426-4649	<b>ID:</b> 278 <b>License Type:</b> Triennial
<b>Physical Address:</b> 4371 FARMHOUSE LANE	<b>Mailing Address:</b> 4371 FARMHOUSE LANE	<b>Effective Date:</b> 7/26/2005 <b>Expiration Date:</b> 7/25/2008
FAIRFAX, VA, 22032-0000	FAIRFAX, VA, 22032-0000	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 8 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Both	
<b>Regulatory Authority:</b>	<b>Regulator:</b> Mr. CHRISTOPHER P CART -(703)323-2097	
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

Fairfax County

<b>NAME:</b> SOJOURN HOUSE	<b>Phone:</b> (703)691-1685	<b>ID:</b> 132 <b>License Type:</b> Triennial
<b>Physical Address:</b> 5120 FIRST ROAD	<b>Mailing Address:</b> 5120 FIRST ROAD	<b>Effective Date:</b> 10/1/2004 <b>Expiration Date:</b> 9/30/2007
FAIRFAX, VA, 22030-0000	FAIRFAX, VA, 22030-0000	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 8 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Female	
<b>Regulatory Authority:</b>	<b>Regulator:</b> E. TERRENCE HOBAN -(703)323-2106	
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

Fairfax County

<b>NAME:</b> SUNRISE HOUSE	<b>Phone:</b> (703)648-0886	<b>ID:</b> 179 <b>License Type:</b> Triennial
<b>Physical Address:</b> 3221 WEST OX ROAD	<b>Mailing Address:</b> 3221 WEST OX ROAD	<b>Effective Date:</b> 9/1/2004 <b>Expiration Date:</b> 8/31/2007
HERNDON, VA, 20171-0000	HERNDON, VA, 20171-0000	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 11 <b>Age Served:</b> 13 to 18 <b>Gender Served:</b> Both	
<b>Regulatory Authority:</b>	<b>Regulator:</b> TINA WHITFIELD-JOHNSON -(703)323-3197	
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

**Fauquier**

<b>NAME:</b> DEEP RUN LODGE <b>Physical Address:</b> 4181 HIDDEN OAK LANE BEALETON, VA, 22712-0000	<b>Phone:</b> (540)752-4619 <b>Mailing Address:</b> 13259 BLACKWELL'S MILL RD BEALETON, VA, 22712-0000	<b>ID:</b> 163 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/4/2005 <b>Expiration Date:</b> 9/3/2008
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 29 <b>Age Served:</b> 13 to 19 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> DOE <b>Regulator:</b> TINA WHITFIELD-JOHNSON - (703)323-3197 <b>Categories:</b> Facility for Substance Abusers School for Children with Disabilities		

**Fauquier**

<b>NAME:</b> DEEP RUN LODGE GIRLS' CAMPUS <b>Physical Address:</b> 13259 BLACKWELL'S MILL ROAD GOLDVEIN, VA, 22720-0000	<b>Phone:</b> (540)752-4619 <b>Mailing Address:</b> 13259 BLACKWELL'S MILL RD GOLDVEIN, VA, 22720-0000	<b>ID:</b> 229 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/12/2003 <b>Expiration Date:</b> 9/11/2006
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 8 <b>Age Served:</b> 13 to 19 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> DOE <b>Regulator:</b> TINA WHITFIELD-JOHNSON - (703)323-3197 <b>Categories:</b> Facility for Substance Abusers School for Children with Disabilities		

**Fauquier**

<b>NAME:</b> STRUCTURES YOUTH HOME <b>Physical Address:</b> 76 WHISPERING PINE LANE STAFFORD, VA, 22554-	<b>Phone:</b> (540)788-4610 <b>Mailing Address:</b> 76 WHISPERING PINE LANE STAFFORD, VA, 22554-	<b>ID:</b> 299 <b>License Type:</b> Triennial <b>Effective Date:</b> 2/2/2005 <b>Expiration Date:</b> 2/1/2008
<b>Lead Agency:</b> DSS <b>Capacity:</b> 8 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> SUSAN ELLINGTON - (804)726-7160 <b>Categories:</b> Child Caring Institution Independent Living Program School for Children with Disabilities		

**Floyd**

<b>NAME:</b> TEKOA I <b>Physical Address:</b> 4410 CHRISTIANBURG PIKE PILOT, VA, 24138-0090	<b>Phone:</b> (540)745-3887 <b>Mailing Address:</b> P. O. BOX 90 PILOT, VA, 24138-0090	<b>ID:</b> 205 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/10/2006 <b>Expiration Date:</b> 5/9/2009
<b>Lead Agency:</b> DSS <b>Capacity:</b> 16 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> DOE <b>Regulator:</b> ROGER MASSIE - (540)332-9383 <b>Categories:</b> Child Caring Institution School for Children with Disabilities		

**Fluvanna**

<b>NAME:</b> OAKLAND SCHOOL <b>Physical Address:</b> BOYD TAVERN (RT 616) KESWICK, VA, 22947-0000	<b>Phone:</b> (434)293-9059 <b>Mailing Address:</b> BOYD TAVERN KESWICK, VA, 22947-0000	<b>ID:</b> 99 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/16/2004 <b>Expiration Date:</b> 10/15/2007
<b>Lead Agency:</b> DOE <b>Capacity:</b> 66 <b>Age Served:</b> 7 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> GLORIA DALTON - (804)225-2725 <b>Categories:</b> School for Children with Disabilities		

**Frederick**

<b>NAME:</b> GRAFTON - FENWICK COURT <b>Physical Address:</b> 103 FENWICK COURT WINCHESTER, VA, 22602-616	<b>Phone:</b> (540)722-3764 <b>Mailing Address:</b> P.O. BOX 2500 WINCHESTER, VA, 22602-6160	<b>ID:</b> 329 <b>License Type:</b> Triennial <b>Effective Date:</b> 11/5/2004 <b>Expiration Date:</b> 11/4/2007
<b>Lead Agency:</b> DOE <b>Capacity:</b> 5 <b>Age Served:</b> 9 to 21 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON - (804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded		

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Frederick

**NAME:** GRAFTON - KAPPA HOUSE **Phone:** (540)869-7450 **ID:** 139 **License Type:** Triennial  
**Physical Address:** 1532 FAIRFAX PIKE **Mailing Address:** P.O. BOX 2500 **Effective Date:** 9/1/2005 **Expiration Date:** 8/31/2008  
**Address:** WHITE POST, VA, 22663-0000 **Address:** WHITE POST, VA, 22663-0000  
**Lead Agency:** DOE **Capacity:** 8 **Age Served:** 8 to 21 **Gender Served:** Female  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Frederick

**NAME:** GRAFTON - MARLBORO ROAD **Phone:** (540)662-0429 **ID:** 1106 **License Type:** Triennial  
**Physical Address:** 1677 MARLBORO ROAD **Mailing Address:** P.O. BOX 2500 **Effective Date:** 9/1/2005 **Expiration Date:** 8/31/2008  
**Address:** STEPHENS CITY, VA, 22655- **Address:** STEPHENS CITY, VA, 22655-0000  
**Lead Agency:** DOE **Capacity:** 4 **Age Served:** 12 to 21 **Gender Served:** Male  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Frederick

**NAME:** NORTHWESTERN REGIONAL JUVENILE DETENTION CENTER **Phone:** (540)722-6174 **ID:** 269 **License Type:** Triennial  
**Physical Address:** 145 FORT COLLIER ROAD **Mailing Address:** 145 FORT COLLIER ROAD **Effective Date:** 4/14/2005 **Expiration Date:** 4/13/2008  
**Address:** WINCHESTER, VA, 22603-0000 **Address:** WINCHESTER, VA, 22603-0000  
**Lead Agency:** DJJ **Capacity:** 32 **Age Served:** 10 to 18 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Fredericksburg

**NAME:** INTERCEPT - FREDERICK **Phone:** **ID:** 2448 **License Type:** Triennial  
**Physical Address:** 1801 WILLIAMS STREET **Mailing Address:** 5511 STAPLES MILL ROAD **Effective Date:** 4/17/2006 **Expiration Date:** 4/16/2007  
**Address:** FREDERICKSBURG, VA, 22401 **Address:** SUITE 102 FREDERICKSBURG, VA, 22401-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Goochland

**NAME:** ELK HILL FARM **Phone:** (804)457-4866 **ID:** 81 **License Type:** Annual  
**Physical Address:** 1975 ELK HILL ROAD **Mailing Address:** P.O. BOX 99 **Effective Date:** 1/12/2006 **Expiration Date:** 1/11/2007  
**Address:** GOOCHLAND, VA, 23063-0000 **Address:** GOOCHLAND, VA, 23063-0000  
**Lead Agency:** DSS **Capacity:** 50 **Age Served:** 11 to 17 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution  
School for Children with Disabilities

## Goochland

**NAME:** HALLMARK YOUTHCARE-RICHMOND, INC. **Phone:** (804)784-2200 **ID:** 218 **License Type:** Triennial  
**Physical Address:** 12800 WEST CREEK PARKWAY **Mailing Address:** 12800 WEST CREEK PARKWAY **Effective Date:** 10/1/2003 **Expiration Date:** 10/1/2006  
**Address:** RICHMOND, VA, 23238-0000 **Address:** RICHMOND, VA, 23238-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 84 **Age Served:** 12 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Substance Abusers  
School for Children with Disabilities

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Halifax

**NAME:** PATHWAYS YOUTH SERVICES **Phone:** (434)476-1040 **ID:** 2150 **License Type:** Annual  
**Physical** 1099 BAGWELL DRIVE **Mailing** 1111 BAGWELL DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 2/2/2006 2/1/2007  
SCOTTSBURG, VA, 24589- SCOTTSBURG, VA, 24589-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 12 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

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## Halifax

**NAME:** SOUTHSIDE REGIONAL JUV. GROUP HOME **Phone:** (434)572-8906 **ID:** 72 **License Type:** Triennial  
**Physical** 1166 HUEL MATTHEWS HWY **Mailing** 1166 HUELL MATTHEWS HIGHWAY **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 11/25/2003 11/24/2006  
SOUTH BOSTON, VA, 24592-0 SOUTH BOSTON, VA, 24592-0000  
**Lead Agency:** DJJ **Capacity:** 12 **Age Served:** 13 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** Post-Dispositional Group Home  
Pre-Dispositional Group Home

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## Hampton

**NAME:** HAMPTON/NEWPORT NEWS LESS SECURE DET HOME **Phone:** (757)723-8248 **ID:** 34 **License Type:** Triennial  
**Physical** 4315 KECOUGHTAN RD **Mailing** 4315 KECOUGHTAN RD. **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 11/10/2005 11/9/2008  
HAMPTON, VA, 23669-0000 HAMPTON, VA, 23669-0000  
**Lead Agency:** DJJ **Capacity:** 20 **Age Served:** 8 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** Less Secure Detention  
School for Children with Disabilities  
Temporary Care Facility

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## Hampton

**NAME:** PATHWAYS INDEPENDENT LIVING PROGRAM **Phone:** (757)826-2949 **ID:** 266 **License Type:** Triennial  
**Physical** 2131 CUNNINGHAM DR,A #102 **Mailing** 2501 WASHINGTON AVENUE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/21/2005 6/20/2008  
HAMPTON, VA, 23666-0000 HAMPTON, VA, 23666-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 7 **Age Served:** 16 to 21 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Hampton

**NAME:** RIVERSIDE BEHAVIORAL CENTER **Phone:** (757)827-1001 **ID:** 332 **License Type:** Triennial  
**Physical** 2244 EXECUTIVE DR **Mailing** 2244 EXECUTIVE DR **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 9/22/2004 9/21/2007  
HAMPTON, VA, 23666-0000 HAMPTON, VA, 23666-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 60 **Age Served:** 6 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Hampton

**NAME:** S.T.E.P.S., LLC **Phone:** (757)727-9218 **ID:** 2651 **License Type:** Conditional  
**Physical** 131 BURNS STREET **Mailing** P.O. BOX 69012 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 7/31/2006 1/30/2007  
HAMPTON, VA, 23669- HAMPTON, VA, 23669-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 10 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Hampton

**NAME:** VIRGINIA SCHOOL FOR THE DEAF & BLIND - HAMPTON      **Phone:** (757)247-2050      **ID:** 167    **License Type:** Annual  
**Physical** 700 SHELL ROAD      **Mailing** 700 SHELL ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      10/1/2005      9/30/2008  
         HAMPTON, VA, 23661-2299      HAMPTON, VA, 23661-2299  
**Lead Agency:** DOE      **Capacity:** 100      **Age Served:** 5 to 21      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** School for Children with Disabilities

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## Hanover

**NAME:** CUMBERLAND SEGER HOUSE      **Phone:** (804)559-1703      **ID:** 893    **License Type:** Triennial  
**Physical** 3627 CAROLINA AVENUE      **Mailing** 8177 WOODBRIDGE ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      12/1/2003      11/30/2006  
         RICHMOND, VA, 23222-      RICHMOND, VA, 23222-  
**Lead Agency:** DMHMRSAS      **Capacity:** 6      **Age Served:** 8 to 21      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Hanover

**NAME:** DIMENSION YOUTH SERVICES      **Phone:** (804)752-6319      **ID:** 2124    **License Type:** Annual  
**Physical** 10191 E. PATRICK HENRY HWY      **Mailing** 903 BONITA ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      9/26/2005      10/25/2006  
         ASHLAND, VA, 23005-      ASHLAND, VA, 23005-  
**Lead Agency:** DMHMRSAS      **Capacity:** 6      **Age Served:** 12 to 19      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

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## Hanover

**NAME:** GRACE HAVEN HOUSE      **Phone:** (804)779-2356      **ID:** 1946    **License Type:** Triennial  
**Physical** 6111 MAGAZINE DRIVE      **Mailing** POST OFFICE BOX 2012      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      2/22/2006      2/21/2009  
         MECHANICSVILLE, VA, 23111      MECHANICSVILLE, VA, 23111-  
**Lead Agency:** DSS      **Capacity:** 4      **Age Served:** 12 to 17      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution

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## Hanover

**NAME:** HANOVER JUVENILE CORRECTIONAL CENTER      **Phone:** (804)537-5316      **ID:** 38    **License Type:** Triennial  
**Physical** 7093 BROAD NECK ROAD      **Mailing** P. O. BOX 507      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      8/20/2005      8/19/2008  
         HANOVER, VA, 23069-0000      HANOVER, VA, 23069-0000  
**Lead Agency:** DJJ      **Capacity:** 200      **Age Served:** 11 to 20      **Gender Served:** Male  
**Regulatory Authority:** DOE      **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** Juvenile Correctional Facility  
School for Children with Disabilities

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## Hanover

**NAME:** INTERCEPT - HANOVER HOUSE      **Phone:**      **ID:** 1712    **License Type:** Triennial  
**Physical** 6214 MECHANICSVILLE TURNPIKE      **Mailing** 5511 STAPLES MILL ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:** SUITE 102      8/30/2005      8/29/2008  
         MECHANICSVILLE, VA, 23111      MECHANICSVILLE, VA, 23111-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 12 to 17      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

Henrico

**NAME:** A-1 TRANSITIONAL LIVING CENTER, L.L.C. **Phone:** (804)303-0247 **ID:** 2202 **License Type:** Annual  
**Physical** 10026 WASHINGTON BLVD. **Mailing** 9102 CENTERWAY DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/1/2006 2/28/2007  
GLEN ALLEN, VA, 23059-455 GLEN ALLEN, VA, 23059-4552  
**Lead Agency:** DSS **Capacity:** 6 **Age Served:** 15 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution

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Henrico

**NAME:** AUNT ANN'S HOME FOR ADOLESCENT **Phone:** **ID:** 1776 **License Type:** Annual  
**Physical** 5901 ALMOND CREEK NORTH LANE **Mailing** 5901 ALMOND CREEK NORTH LANE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/16/2005 12/16/2006  
RICHMOND, VA, 23231- RICHMOND, VA, 23231-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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Henrico

**NAME:** BROOKFIELD **Phone:** (804)266-7631 **ID:** 64 **License Type:** Triennial  
**Physical** 10187 BROOK ROAD **Mailing** 10187 BROOK ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 8/31/2004 8/30/2007  
GLEN ALLEN, VA, 23059-000 GLEN ALLEN, VA, 23059-0000  
**Lead Agency:** DSS **Capacity:** 20 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

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Henrico

**NAME:** CARE 4 U 2 **Phone:** (804)643-6489 **ID:** 2301 **License Type:** Provisional  
**Physical** 2509 TONOKA ROAD **Mailing** 2509 TONOKA ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/5/2006 12/4/2006  
RICHMOND, VA, 23223- RICHMOND, VA, 23223-  
**Lead Agency:** DSS **Capacity:** 4 **Age Served:** 15 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution  
Independent Living Program

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Henrico

**NAME:** COMMUNITY EMPOWERMENT PROGRAM, INC. -STATION ONE **Phone:** (804)266-3909 **ID:** 1047 **License Type:** Triennial  
**Physical** 9545 KENNEDY STATION TERRACE **Mailing** P.O. BOX 1186 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 11/19/2004 11/18/2007  
GLEN ALLEN, VA, 23060- GLEN ALLEN, VA, 23060-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 11 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

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Henrico

**NAME:** COMMUNITY VENTURES **Phone:** (804)262-0947 **ID:** 2156 **License Type:** Annual  
**Physical** 8393 CARDOVA CIRCLE **Mailing** P.O. BOX 325 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/20/2005 12/19/2006  
RICHMOND, VA, 23227-1548 RICHMOND, VA, 23227-1548  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 15 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

Henrico

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<b>NAME:</b> DELTA HOUSE	<b>Phone:</b> (804)269-0915	<b>ID:</b> 1754 <b>License Type:</b> Triennial
<b>Physical Address:</b> 1703 HARVARD ROAD	<b>Mailing Address:</b> 1703 HARVARD ROAD	<b>Effective Date:</b> 10/8/2005 <b>Expiration Date:</b> 10/7/2008
RICHMOND, VA, 23226- RICHMOND, VA, 23226-		
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 14 to 17 <b>Gender Served:</b> Both
<b>Regulatory Authority:</b>	<b>Regulator:</b> SUSAN ELLINGTON	-(804)726-7160
<b>Categories:</b> Child Caring Institution		
<b>Mother/Baby program</b>		

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Henrico

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<b>NAME:</b> DOMINION YOUTH SERVICES - AURORA HOUSE	<b>Phone:</b> (804)288-0470	<b>ID:</b> 713 <b>License Type:</b> Triennial
<b>Physical Address:</b> 8007 YOLANDA	<b>Mailing Address:</b> P.O. BOX 70296	<b>Effective Date:</b> 2/25/2004 <b>Expiration Date:</b> 2/26/2007
RICHMOND, VA, 23229- RICHMOND, VA, 23229-		
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 7	<b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Female
<b>Regulatory Authority:</b>	<b>Regulator:</b> Ms. JOSLYNN PERRY	-(804)692-0622
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

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Henrico

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<b>NAME:</b> DOMINION YOUTH SERVICES - HORIZON HOUSE	<b>Phone:</b> (804)440-7074	<b>ID:</b> 336 <b>License Type:</b> Triennial
<b>Physical Address:</b> 2419 FON DU LAC ROAD	<b>Mailing Address:</b> P.O. BOX 70296	<b>Effective Date:</b> 2/28/2005 <b>Expiration Date:</b> 2/27/2008
RICHMOND, VA, 23229-0000 RICHMOND, VA, 23229-0000		
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 8	<b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> Ms. JOSLYNN PERRY	-(804)692-0622
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed		

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Henrico

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<b>NAME:</b> DOMINION YOUTH SERVICES - VISTA HOUSE	<b>Phone:</b>	<b>ID:</b> 2119 <b>License Type:</b> Triennial
<b>Physical Address:</b> 2407 DUMBARTON ROAD	<b>Mailing Address:</b> DOMINION YOUTH SERVICES	<b>Effective Date:</b> 3/8/2006 <b>Expiration Date:</b> 3/7/2009
RICHMOND, VA, 23228- RICHMOND, VA, 23228-		
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 16 to 17 <b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> Ms. CONNIE MCHALE	-(804)726-7666
<b>Categories:</b> Child Caring Institution		
<b>Independent Living Program</b>		

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Henrico

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<b>NAME:</b> FAVOR, INC., RESIDENTIAL SERVICES	<b>Phone:</b> (804)873-5222	<b>ID:</b> 1507 <b>License Type:</b> Triennial
<b>Physical Address:</b> 409 MASONIC LANE	<b>Mailing Address:</b> 409 MASONIC LANE	<b>Effective Date:</b> 8/23/2006 <b>Expiration Date:</b> 8/22/2009
RICHMOND, VA, 23223- RICHMOND, VA, 23223-		
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 4	<b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Female
<b>Regulatory Authority:</b>	<b>Regulator:</b> SUSAN ELLINGTON	-(804)726-7160
<b>Categories:</b> Child Caring Institution		

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Henrico

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<b>NAME:</b> FLOSSIE'S PLACE YOUTH AND FAMILY SERVICES	<b>Phone:</b>	<b>ID:</b> 1649 <b>License Type:</b> Annual
<b>Physical Address:</b> 1616 SADDLEHORSE PLACE	<b>Mailing Address:</b> POST OFFICE BOX 1619	<b>Effective Date:</b> 11/28/2005 <b>Expiration Date:</b> 11/27/2006
RICHMOND, VA, 23231- RICHMOND, VA, 23231-		
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Female
<b>Regulatory Authority:</b>	<b>Regulator:</b> Ms. CONNIE MCHALE	-(804)726-7666
<b>Categories:</b> Child Caring Institution		

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

Henrico

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<b>NAME:</b> FRONTIER FAMILY SERVICES, L.L.C.	<b>Phone:</b> (804)283-2203	<b>ID:</b> 1950	<b>License Type:</b> Annual
<b>Physical Address:</b> 1807 CLEARY ROAD	<b>Mailing Address:</b> POST OFFICE BOX 1814	<b>Effective Date:</b> 11/16/2005	<b>Expiration Date:</b> 11/15/2006
RICHMOND, VA, 23223-		RICHMOND, VA, 23223-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 4	<b>Age Served:</b> 13 to 17	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> SUSAN ELLINGTON	-(804)726-7160	
<b>Categories:</b> Child Caring Institution			

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Henrico

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<b>NAME:</b> GATEWOOD HOUSE	<b>Phone:</b> (804)329-8600	<b>ID:</b> 1947	<b>License Type:</b> Triennial
<b>Physical Address:</b> 3229 PURVIS ROAD	<b>Mailing Address:</b> PO BOX 1986	<b>Effective Date:</b> 2/10/2006	<b>Expiration Date:</b> 2/9/2009
RICHMOND, VA, 23223-		RICHMOND, VA, 23223-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 7	<b>Age Served:</b> 13 to 17	<b>Gender Served:</b> Female
<b>Regulatory Authority:</b>	<b>Regulator:</b> Ms. CONNIE MCHALE	-(804)726-7666	
<b>Categories:</b> Child Caring Institution			

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Henrico

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<b>NAME:</b> GROWN PROGRAM	<b>Phone:</b> (804)321-0264	<b>ID:</b> 2171	<b>License Type:</b> Provisional
<b>Physical Address:</b> 5554-A PONY FARM DRIVE	<b>Mailing Address:</b> PO BOX 6116	<b>Effective Date:</b> 4/14/2006	<b>Expiration Date:</b> 10/14/2006
RICHMOND, VA, 23227-		RICHMOND, VA, 23227-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 2	<b>Age Served:</b> 16 to 20	<b>Gender Served:</b> Female
<b>Regulatory Authority:</b>	<b>Regulator:</b> SUSAN ELLINGTON	-(804)726-7160	
<b>Categories:</b> Independent Living Program			

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Henrico

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<b>NAME:</b> GUIDING YOUNG MINDS L.L.C. - GYM HOUSE	<b>Phone:</b> (804)264-8214	<b>ID:</b> 1951	<b>License Type:</b> Triennial
<b>Physical Address:</b> 129 WILKINSON ESTATES DRIVE	<b>Mailing Address:</b> 129 WILKINSON ESTATES DRIVE	<b>Effective Date:</b> 9/12/2005	<b>Expiration Date:</b> 9/11/2008
RICHMOND, VA, 23227-		RICHMOND, VA, 23227-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 5	<b>Age Served:</b> 15 to 17	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> DEVON L LEHMANN	-(804)726-7155	
<b>Categories:</b> Child Caring Institution			

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Henrico

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<b>NAME:</b> H.O.M.E. FOR GIRLS	<b>Phone:</b> (804)226-8915	<b>ID:</b> 1881	<b>License Type:</b> Annual
<b>Physical Address:</b> 1712 SADDLEHORSE PLACE	<b>Mailing Address:</b> 1712 SADDLEHORSE PLACE	<b>Effective Date:</b> 4/11/2006	<b>Expiration Date:</b> 4/10/2007
RICHMOND, VA, 23231-		RICHMOND, VA, 23231-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 6	<b>Age Served:</b> 0 to 17	<b>Gender Served:</b> Both
<b>Regulatory Authority:</b>	<b>Regulator:</b> Ms. CONNIE MCHALE	-(804)726-7666	
<b>Categories:</b> Child Caring Institution Mother/Baby program			

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Henrico

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<b>NAME:</b> HAVEN HOUSE (HAVEN YOUTH SERVICE)	<b>Phone:</b> (804)226-3966	<b>ID:</b> 344	<b>License Type:</b> Triennial
<b>Physical Address:</b> 4915 GLENSPRING ROAD	<b>Mailing Address:</b> P.O. BOX 25393	<b>Effective Date:</b> 6/4/2005	<b>Expiration Date:</b> 6/3/2008
RICHMOND, VA, 23223-0000		RICHMOND, VA, 23223-0000	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 5	<b>Age Served:</b> 11 to 16	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> SUSAN ELLINGTON	-(804)726-7160	
<b>Categories:</b> Child Caring Institution			

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

Henrico

**NAME:** INDEPENDENCE HOUSE  
**Physical Address:** 2305 CHOWNING PLACE  
**Address:** RICHMOND, VA, 23294-0000  
**Phone:** (804)967-9415  
**Mailing Address:** 1518 WILLOW LAWN DRIVE  
**Address:** RICHMOND, VA, 23294-0000  
**ID:** 80 **License Type:** Triennial  
**Effective Date:** 2/14/2005 **Expiration Date:** 2/13/2008  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 16 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution  
Independent Living Program

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Henrico

**NAME:** INTERCEPT - INDEPENDENCE HOUSE  
**Physical Address:** 3111 NORTH PARHAM ROAD  
**Address:** RICHMOND, VA, 23294-0000  
**Phone:** (804)270-7056  
**Mailing Address:** 5511 STAPLES MILL ROAD  
**Address:** SUITE 102  
**ID:** 347 **License Type:** Triennial  
**Effective Date:** 1/23/2005 **Expiration Date:** 1/22/2008  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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Henrico

**NAME:** INTERCEPT - INTERCEPT HOUSE  
**Physical Address:** 1 POINT PLEASANT ROAD  
**Address:** RICHMOND, VA, 23228-0000  
**Phone:** (804)440-3700  
**Mailing Address:** 5511 STAPLES MILL ROAD  
**Address:** SUITE 102  
**ID:** 234 **License Type:** Triennial  
**Effective Date:** 3/25/2004 **Expiration Date:** 3/24/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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Henrico

**NAME:** INTERCEPT - JOURNEY HOUSE  
**Physical Address:** 3117 SKIPWITH ROAD  
**Address:** RICHMOND, VA, 23294-0000  
**Phone:** (804)270-5200  
**Mailing Address:** 5511 STAPLES MILL ROAD  
**Address:** SUITE 102  
**ID:** 349 **License Type:** Triennial  
**Effective Date:** 5/2/2005 **Expiration Date:** 5/1/2008  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 15 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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Henrico

**NAME:** INTERCEPT - LAKE HOUSE  
**Physical Address:** 5500 STAPLES MILL ROAD  
**Address:** RICHMOND, VA, 23228-0000  
**Phone:** (804)264-2954  
**Mailing Address:** 5511 STAPLES MILL ROAD  
**Address:** SUITE 102  
**ID:** 335 **License Type:** Triennial  
**Effective Date:** 6/21/2006 **Expiration Date:** 6/20/2009  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

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Henrico

**NAME:** JOSHUA HOUSE  
**Physical Address:** 5803 CHAMBERLAYNE ROAD  
**Address:** RICHMOND, VA, 23227-  
**Phone:** (804)303-8393  
**Mailing Address:** P.O. BOX 15808  
**Address:** RICHMOND, VA, 23227-  
**ID:** 2303 **License Type:** Annual  
**Effective Date:** 1/28/2006 **Expiration Date:** 1/27/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 6 **Age Served:** 13 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

Henrico

<b>NAME:</b> JOURNEY HOUSE	<b>Phone:</b> (804)515-8017	<b>ID:</b> 2149	<b>License Type:</b> Annual
<b>Physical Address:</b> 6300 WHISTLER ROAD	<b>Mailing Address:</b> P.O. BOX 15454	<b>Effective Date:</b> 11/8/2005	<b>Expiration Date:</b> 11/7/2006
<b>Address:</b> RICHMOND, VA, 23227-		<b>Address:</b> RICHMOND, VA, 23227-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 13 to 17	<b>Gender Served:</b> Both
<b>Regulatory Authority:</b> <b>Regulator:</b> DEVON L LEHMANN - (804)726-7155			
<b>Categories:</b> Child Caring Institution			

Henrico

<b>NAME:</b> NORTHWESTERN CHILDREN'S HOME	<b>Phone:</b> (804)261-2300	<b>ID:</b> 1240	<b>License Type:</b> Triennial
<b>Physical Address:</b> 4279 GLASGOW ROAD	<b>Mailing Address:</b> 5400A BYRDHILL ROAD	<b>Effective Date:</b> 6/3/2005	<b>Expiration Date:</b> 6/2/2008
<b>Address:</b> GLEN ALLEN, VA, 23060-		<b>Address:</b> GLEN ALLEN, VA, 23060-	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 5	<b>Age Served:</b> 9 to 21	<b>Gender Served:</b> Both
<b>Regulatory Authority:</b> <b>Regulator:</b> SHARON I STROBLE - (804)225-3406			
<b>Categories:</b> Facility for Mentally Retarded			

Henrico

<b>NAME:</b> OUTREACH HOUSE FOR GIRLS	<b>Phone:</b> (804)426-6323	<b>ID:</b> 1948	<b>License Type:</b> Triennial
<b>Physical Address:</b> 2306 EDENBROOK DRIVE	<b>Mailing Address:</b> PO BOX 35201	<b>Effective Date:</b> 3/15/2006	<b>Expiration Date:</b> 3/14/2009
<b>Address:</b> RICHMOND, VA, 23228-		<b>Address:</b> RICHMOND, VA, 23228-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 12 to 17	<b>Gender Served:</b> Female
<b>Regulatory Authority:</b> <b>Regulator:</b> Ms. CONNIE MCHALE - (804)726-7666			
<b>Categories:</b> Child Caring Institution			

Henrico

<b>NAME:</b> P.O.P.'S HOUSE	<b>Phone:</b> (804)266-5855	<b>ID:</b> 1528	<b>License Type:</b> Triennial
<b>Physical Address:</b> 10555 WOODMAN ROAD	<b>Mailing Address:</b> POST OFFICE BOX 15713	<b>Effective Date:</b> 6/20/2004	<b>Expiration Date:</b> 6/19/2007
<b>Address:</b> GLEN ALLEN, VA, 23060-		<b>Address:</b> GLEN ALLEN, VA, 23060-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 15 to 17	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE - (540)332-9383			
<b>Categories:</b> Child Caring Institution			

Henrico

<b>NAME:</b> RESIDENTIAL APPLICATIONS	<b>Phone:</b> (804)328-9830	<b>ID:</b> 2588	<b>License Type:</b> Conditional
<b>Physical Address:</b> 5301 DALGLISH ROAD	<b>Mailing Address:</b> 3113 ROLLING OAKS COURT	<b>Effective Date:</b> 7/28/2006	<b>Expiration Date:</b> 1/27/2007
<b>Address:</b> RICHMOND, VA, 23223-		<b>Address:</b> RICHMOND, VA, 23223-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 8	<b>Age Served:</b> 13 to 17	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b> <b>Regulator:</b> Ms. CONNIE MCHALE - (804)726-7666			
<b>Categories:</b> Child Caring Institution			

Henrico

<b>NAME:</b> SAINT JOSEPH'S VILLA	<b>Phone:</b> (804)553-3200	<b>ID:</b> 6	<b>License Type:</b> Triennial
<b>Physical Address:</b> 8000 BROOK ROAD	<b>Mailing Address:</b> 8000 BROOK ROAD	<b>Effective Date:</b> 11/27/2004	<b>Expiration Date:</b> 11/26/2007
<b>Address:</b> RICHMOND, VA, 23227-0000		<b>Address:</b> RICHMOND, VA, 23227-0000	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 19	<b>Age Served:</b> 2 to 17	<b>Gender Served:</b> Both
<b>Regulatory Authority:</b> <b>Regulator:</b> DEVON L LEHMANN - (804)726-7155			
<b>Categories:</b> Child Caring Institution			

Henrico

<b>NAME:</b> SERENITY HOUSE	<b>Phone:</b> (804)228-1871	<b>ID:</b> 1099	<b>License Type:</b> Triennial
<b>Physical Address:</b> 406 S. LABURNUM AVENUE	<b>Mailing Address:</b> P.O. BOX 25393	<b>Effective Date:</b> 9/4/2005	<b>Expiration Date:</b> 9/3/2008
<b>Address:</b> RICHMOND, VA, 23223-		<b>Address:</b> RICHMOND, VA, 23223-	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 6	<b>Age Served:</b> 11 to 17	<b>Gender Served:</b> Female
<b>Regulatory Authority:</b> <b>Regulator:</b> SUSAN ELLINGTON - (804)726-7160			
<b>Categories:</b> Child Caring Institution			

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

Henrico

**NAME:** SISTER'S PLACE II GROUP HOME  
**Physical Address:** 10204 SPINNING WHEEL WAY  
RICHMOND, VA, 23233-  
**Phone:** (804)290-0216  
**Mailing Address:** P.O. BOX 15238  
RICHMOND, VA, 23233-  
**ID:** 2058 **License Type:** Triennial  
**Effective Date:** 4/15/2006 **Expiration Date:** 4/14/2009  
**Lead Agency:** DSS **Capacity:** 6 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** Regulator: SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution  
Independent Living Program

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Henrico

**NAME:** SISTERS' PLACE  
**Physical Address:** 1005 TELEGRAPH STATION LANE  
GLEN ALLEN, VA, 23060-  
**Phone:** (804)467-5270  
**Mailing Address:** P.O. BOX 15238  
GLEN ALLEN, VA, 23060-  
**ID:** 817 **License Type:** Triennial  
**Effective Date:** 2/28/2004 **Expiration Date:** 2/27/2007  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 12 to 17 **Gender Served:** Female  
**Regulatory Authority:** Regulator: SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

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Henrico

**NAME:** STARTING POINT  
**Physical Address:** 10556 COURTNEY ROAD  
GLEN ALLEN, VA, 23060-  
**Phone:**  
**Mailing Address:** 1900 MANAKIN ROAD  
GLEN ALLEN, VA, 23060-  
**ID:** 2537 **License Type:** Conditional  
**Effective Date:** 7/21/2006 **Expiration Date:** 1/20/2007  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 13 to 17 **Gender Served:** Female  
**Regulatory Authority:** Regulator: Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution

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Henrico

**NAME:** STRATH HOUSE  
**Physical Address:** 8267 STRATH ROAD  
RICHMOND, VA, 23231-  
**Phone:** (804)307-0761  
**Mailing Address:** 8267 STRATH ROAD  
RICHMOND, VA, 23231-  
**ID:** 2557 **License Type:** Conditional  
**Effective Date:** 4/1/2006 **Expiration Date:** 9/30/2006  
**Lead Agency:** DSS **Capacity:** 7 **Age Served:** 13 to 17 **Gender Served:** Male  
**Regulatory Authority:** Regulator: Ms. CONNIE MCHALE -(804)726-7666  
**Categories:**

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Henrico

**NAME:** VIRGINIA HOME FOR BOYS AND GIRLS  
**Physical Address:** 8716 WEST BROAD ST  
RICHMOND, VA, 23294-6206  
**Phone:** (804)270-6566  
**Mailing Address:** 8716 WEST BROAD STREET  
RICHMOND, VA, 23294-6206  
**ID:** 65 **License Type:** Triennial  
**Effective Date:** 6/1/2006 **Expiration Date:** 5/31/2009  
**Lead Agency:** DSS **Capacity:** 60 **Age Served:** 11 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
School for Children with Disabilities

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Henrico

**NAME:** YOUTH EMERGENCY SHELTER  
**Physical Address:** 2250 PUMP ROAD  
RICHMOND, VA, 23233-3508  
**Phone:** (804)740-7322  
**Mailing Address:** 2250 PUMP ROAD  
RICHMOND, VA, 23233-3508  
**ID:** 82 **License Type:** Triennial  
**Effective Date:** 11/17/2004 **Expiration Date:** 11/16/2007  
**Lead Agency:** DSS **Capacity:** 14 **Age Served:** 11 to 17 **Gender Served:** Both  
**Regulatory Authority:** Regulator: DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
Emergency Shelter  
Temporary Care Facility

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

James City Co.

<b>NAME:</b> CROSSROADS COMMUNITY YOUTH HOME (WILLIAMSBURG) <b>Physical Address:</b> 4881 LONGHILL RD. WILLIAMSBURG, VA, 23188-0	<b>Phone:</b> (757)258-5106 <b>Mailing Address:</b> P.O. BOX 465 WILLIAMSBURG, VA, 23188-0000	<b>ID:</b> 24 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/9/2004 <b>Expiration Date:</b> 5/8/2007
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 12 <b>Age Served:</b> 14 to 18 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> CAROEL SELBY -(804)323-2219 <b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		

James City Co.

<b>NAME:</b> MERRIMAC CENTER <b>Physical Address:</b> 9300 MERRIMAC TRAIL WILLIAMSBURG, VA, 23185-0	<b>Phone:</b> (757)887-0225 <b>Mailing Address:</b> 9300 MERRIMAC TRAIL WILLIAMSBURG, VA, 23185-0000	<b>ID:</b> 268 <b>License Type:</b> Triennial <b>Effective Date:</b> 2/11/2005 <b>Expiration Date:</b> 2/12/2008
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 48 <b>Age Served:</b> 7 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> CAROEL SELBY -(804)323-2219 <b>Categories:</b> School for Children with Disabilities Secure Detention Home		

Lee

<b>NAME:</b> HARVEST CHILD CARE MINISTRIES <b>Physical Address:</b> HIGHWAY 23 JASPER COMMUNITY DUFFIELD, VA, 24244-0000	<b>Phone:</b> (276)523-2315 <b>Mailing Address:</b> P. O. BOX 259 DUFFIELD, VA, 24244-0000	<b>ID:</b> 190 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/16/2005 <b>Expiration Date:</b> 7/15/2008
<b>Lead Agency:</b> DSS <b>Capacity:</b> 12 <b>Age Served:</b> 5 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383 <b>Categories:</b> Child Caring Institution		

Lee

<b>NAME:</b> HARVEST CHILD CARE MINISTRIES-2 <b>Physical Address:</b> ROUTE 1 BOX 136 STICKLEYVILLE, VA, 24244-	<b>Phone:</b> (276)546-4400 <b>Mailing Address:</b> P.O. BOX 259 STICKLEYVILLE, VA, 24244-0000	<b>ID:</b> 227 <b>License Type:</b> Triennial <b>Effective Date:</b> 4/1/2006 <b>Expiration Date:</b> 3/31/2009
<b>Lead Agency:</b> DSS <b>Capacity:</b> 62 <b>Age Served:</b> 5 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383 <b>Categories:</b> Child Caring Institution		

Loudoun

<b>NAME:</b> GRAYDON MANOR <b>Physical Address:</b> 801 CHILDREN'S CENTER RD LEESBURG, VA, 20175-0000	<b>Phone:</b> (703)777-3485 <b>Mailing Address:</b> 801 CHILDREN'S CENTER RD LEESBURG, VA, 20175-0000	<b>ID:</b> 323 <b>License Type:</b> Triennial <b>Effective Date:</b> 8/4/2004 <b>Expiration Date:</b> 8/3/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 61 <b>Age Served:</b> 7 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> E. TERRENCE HOBAN -(703)323-2106 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed School for Children with Disabilities		

Loudoun

<b>NAME:</b> LOUDOUN COUNTY JUVENILE DETENTION CENTER <b>Physical Address:</b> 42020 LOUDOUN CENTER PL. LEESBURG, VA, 20175-0000	<b>Phone:</b> (703)771-5200 <b>Mailing Address:</b> 42000 LOUDOUN CENTER PL. LEESBURG, VA, 20175-0000	<b>ID:</b> 222 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/14/2006 <b>Expiration Date:</b> 5/13/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 24 <b>Age Served:</b> 11 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> CLARICE BOOKER -(804)323-2669 <b>Categories:</b> School for Children with Disabilities Secure Detention Home		

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Loudoun

**NAME:** LOUDOUN YOUTH SHELTER **Phone:** (703)771-5300 **ID:** 300 **License Type:** Triennial  
**Physical** 16450 MEADOWVIEW COURT **Mailing** 16450 MEADOWVIEW COURT **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 9/16/2003 9/15/2006  
LEESBURG, VA, 20175-0000 LEESBURG, VA, 20175-0000  
**Lead Agency:** DJJ **Capacity:** 12 **Age Served:** 12 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** Post-Dispositional Group Home

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## Loudoun

**NAME:** NORTH SPRING BEHAVIORAL HEALTHCARE (FORMERLY WHISPER RIDGE BEHAVIORAL HEALTH SYSTEM AT LEESBURG) **Phone:** (703)777  
**Physical** 42005 VICTORY LANE **Mailing** 42009 VICTORY LANE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 12/12/2005 12/11/2006  
LEESBURG, VA, 22075- LEESBURG, VA, 22075-  
**Lead Agency:** DMHMRSAS **Capacity:** 77 **Age Served:** 9 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** Mr. CHRISTOPHER P CART -(703)323-2097  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Louisa

**NAME:** FAIR WINDS **Phone:** (540)373-8945 **ID:** 1756 **License Type:** Triennial  
**Physical** 1410 DUSTY ROAD **Mailing** PO BOX 35 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/1/2005 5/31/2008  
BUMPASS, VA, 23024- BUMPASS, VA, 23024-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 5 to 11 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** TAMMY TRESTRAIL -(804)225-3405  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Louisa

**NAME:** FAIR WINDS II **Phone:** (804)556-2350 **ID:** 2629 **License Type:** Annual  
**Physical** 253 HORSESHOE BEND **Mailing** P.O. BOX 35 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 5/8/2006 5/7/2007  
BUMPASS, VA, 23024- BUMPASS, VA, 23024-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 5 to 12 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Lunenburg

**NAME:** CONCEPT 1 ACADEMIES LLC **Phone:** (434)696-2277 **ID:** 2590 **License Type:** Conditional  
**Physical** 231 SCHOOL DRIVE **Mailing** 231 SCHOOL DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 6/6/2006 12/5/2006  
VICTORIA, VA, 23974- VICTORIA, VA, 23974-  
**Lead Agency:** DSS **Capacity:** 15 **Age Served:** 15 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution

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## Lunenburg

**NAME:** CORNERSTONE KENBRIDGE **Phone:** (434)676-9603 **ID:** 1261 **License Type:** Annual  
**Physical** 215 HICKORY ROAD **Mailing** 215 HICKORY ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 10/1/2005 9/30/2006  
KENBRIDGE, VA, 23944- KENBRIDGE, VA, 23944-  
**Lead Agency:** DMHMRSAS **Capacity:** 20 **Age Served:** 12 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Substance Abusers  
School for Children with Disabilities

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Lynchburg

<b>NAME:</b> BRIDGES TREATMENT CENTER <b>Physical Address:</b> 693 LEESVILLE ROAD LYNCHBURG, VA, 24502-0000	<b>Phone:</b> (434)947-5700 <b>Mailing Address:</b> 693 LEESVILLE ROAD LYNCHBURG, VA, 24502-0000	<b>ID:</b> 130 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/1/2004 <b>Expiration Date:</b> 7/2/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 102 <b>Age Served:</b> 6 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> DEBORAH F TANKERSLEY -(434)947-2283 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed School for Children with Disabilities		

Lynchburg

<b>NAME:</b> L.M.J. PARENTING & FAMILY DEVELOPMENT CENTER, LLC <b>Physical Address:</b> 1620 GRACE STREET LYNCHBURG, VA, 24501-	<b>Phone:</b> (434)846-4192 <b>Mailing Address:</b> P.O. BOX 2513 LYNCHBURG, VA, 24501-	<b>ID:</b> 2079 <b>License Type:</b> Triennial <b>Effective Date:</b> 4/14/2006 <b>Expiration Date:</b> 4/13/2009
<b>Lead Agency:</b> DSS <b>Capacity:</b> 8 <b>Age Served:</b> 0 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> DEVON L LEHMANN -(804)726-7155 <b>Categories:</b> Child Caring Institution Independent Living Program Mother/Baby program		

Lynchburg

<b>NAME:</b> LYNCHBURG REGIONAL JUVENILE DETENTION CENTER <b>Physical Address:</b> 1400 FLORIDA AVE. LYNCHBURG, VA, 24501-0000	<b>Phone:</b> (434)847-1635 <b>Mailing Address:</b> 1400 FLORIDA AVE LYNCHBURG, VA, 24501-0000	<b>ID:</b> 5 <b>License Type:</b> Triennial <b>Effective Date:</b> 2/11/2006 <b>Expiration Date:</b> 2/10/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 48 <b>Age Served:</b> 10 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> CAROEL SELBY -(804)323-2219 <b>Categories:</b> School for Children with Disabilities Secure Detention Home		

Lynchburg

<b>NAME:</b> OPPORTUNITY HOUSE <b>Physical Address:</b> 150 LINDEN AVENUE LYNCHBURG, VA, 24503-0000	<b>Phone:</b> (434)847-1665 <b>Mailing Address:</b> 150 LINDEN AVENUE LYNCHBURG, VA, 24503-0000	<b>ID:</b> 28 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/8/2003 <b>Expiration Date:</b> 9/7/2006
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 12 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> <b>Regulator:</b> MARK LEWIS -(804)323-2218 <b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		

Lynchburg

<b>NAME:</b> PRESBYTERIAN HOME <b>Physical Address:</b> 150 LINDEN AVENUE LYNCHBURG, VA, 24503-0000	<b>Phone:</b> (434)384-3131 <b>Mailing Address:</b> 150 LINDEN AVENUE LYNCHBURG, VA, 24503-0000	<b>ID:</b> 8 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/1/2004 <b>Expiration Date:</b> 6/30/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 80 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> DEVON L LEHMANN -(804)726-7155 <b>Categories:</b> Child Caring Institution Emergency Shelter Independent Living Program Temporary Care Facility		

Lynchburg

<b>NAME:</b> SINGLE POINT OF ENTRY <b>Physical Address:</b> 405 CABELL ST. LYNCHBURG, VA, 24504-0000	<b>Phone:</b> (434)847-1696 <b>Mailing Address:</b> 405 CABELL ST. LYNCHBURG, VA, 24504-0000	<b>ID:</b> 23 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/15/2005 <b>Expiration Date:</b> 5/14/2008
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 8 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> CAROEL SELBY -(804)323-2219 <b>Categories:</b> Pre-Dispositional Group Home Temporary Care Facility		

**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

**Lynchburg**

<b>NAME:</b> SPARC HOUSE <b>Physical Address:</b> 150 LINDEN AVE. LYNCHBURG, VA, 24503-0000 <b>Lead Agency:</b> DJJ <b>Regulatory Authority:</b> <b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home	<b>Phone:</b> (434)847-1713 <b>Mailing Address:</b> 150 LINDEN AVE LYNCHBURG, VA, 24503-0000 <b>Capacity:</b> 12 <b>Regulator:</b> MARK LEWIS -(804)323-2218	<b>ID:</b> 73 <b>License Type:</b> Triennial <b>Effective Date:</b> 11/21/2003 <b>Expiration Date:</b> 11/20/2006 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Female
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**Martinsville**

<b>NAME:</b> ANCHOR HOUSE GROUP HOME <b>Physical Address:</b> 312 BROWN STREET MARTINSVILLE, VA, 24112-0 <b>Lead Agency:</b> DJJ <b>Regulatory Authority:</b> <b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home	<b>Phone:</b> (276)634-2924 <b>Mailing Address:</b> 313 E. MARKET STREET MARTINSVILLE, VA, 24112-0000 <b>Capacity:</b> 12 <b>Regulator:</b> CAROEL SELBY -(804)323-2219	<b>ID:</b> 59 <b>License Type:</b> Triennial <b>Effective Date:</b> 3/15/2005 <b>Expiration Date:</b> 3/14/2008 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Male
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**Montgomery**

<b>NAME:</b> NEW RIVER VALLEY DETENTION HOME <b>Physical Address:</b> 650 WADES LANE NW CHRISTIANSBURG, VA, 24073 <b>Lead Agency:</b> DJJ <b>Regulatory Authority:</b> DOE <b>Categories:</b> School for Children with Disabilities Secure Detention Home	<b>Phone:</b> (540)381-0097 <b>Mailing Address:</b> 650 WADES LANE, N.W. CHRISTIANSBURG, VA, 24073-0000 <b>Capacity:</b> 24 <b>Regulator:</b> MARK LEWIS -(804)323-2218	<b>ID:</b> 42 <b>License Type:</b> Triennial <b>Effective Date:</b> 6/11/2004 <b>Expiration Date:</b> 6/10/2007 <b>Age Served:</b> 7 to 17 <b>Gender Served:</b> Both
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**Montgomery**

<b>NAME:</b> TEKOA II <b>Physical Address:</b> 107 ROANOKE STREET CHRISTIANSBURG, VA, 24068 <b>Lead Agency:</b> DSS <b>Regulatory Authority:</b> <b>Categories:</b> Child Caring Institution	<b>Phone:</b> (540)260-9559 <b>Mailing Address:</b> P. O. BOX 6063 CHRISTIANSBURG, VA, 24068-0000 <b>Capacity:</b> 6 <b>Regulator:</b> ROGER MASSIE -(540)332-9383	<b>ID:</b> 276 <b>License Type:</b> Triennial <b>Effective Date:</b> 1/27/2005 <b>Expiration Date:</b> 1/26/2008 <b>Age Served:</b> 14 to 17 <b>Gender Served:</b> Female
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**Montgomery**

<b>NAME:</b> TEKOA III <b>Physical Address:</b> 448 DEPOT STREET CHRISTIANSBURG, VA, 24073 <b>Lead Agency:</b> DSS <b>Regulatory Authority:</b> <b>Categories:</b> Child Caring Institution Emergency Shelter	<b>Phone:</b> (540)382-2002 <b>Mailing Address:</b> P. O. BOX 810 CHRISTIANSBURG, VA, 24073- <b>Capacity:</b> 16 <b>Regulator:</b> ROGER MASSIE -(540)332-9383	<b>ID:</b> 1957 <b>License Type:</b> Triennial <b>Effective Date:</b> 3/18/2006 <b>Expiration Date:</b> 3/17/2009 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Male
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**New Kent**

<b>NAME:</b> CUMBERLAND HOSPITAL RESIDENTIAL TREATMENT CENTER <b>Physical Address:</b> 9407 CUMBERLAND ROAD NEW KENT, VA, 23124- <b>Lead Agency:</b> DMHMRSAS <b>Regulatory Authority:</b> <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded	<b>Phone:</b> (804)966-2242 <b>Mailing Address:</b> 9407 CUMBERLAND ROAD NEW KENT, VA, 23124- <b>Capacity:</b> 16 <b>Regulator:</b> VERONICA DAVIS -(804)225-3410	<b>ID:</b> 2050 <b>License Type:</b> Triennial <b>Effective Date:</b> 11/3/2005 <b>Expiration Date:</b> 11/2/2008 <b>Age Served:</b> 13 to 22 <b>Gender Served:</b> Both
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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Newport News

**NAME:** INTERCEPT - NEWPORT HOUSE  
**Physical Address:** 11622 WARWICK BLVD  
NEWPORT NEWS, VA, 23601-  
**Phone:** (804)440-3700  
**Mailing Address:** 5511 STAPLES MILL ROAD  
SUITE 102  
NEWPORT NEWS, VA, 23601-  
**ID:** 2562 **License Type:** Annual  
**Effective Date:** 4/25/2006 **Expiration Date:** 4/24/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 14 to 19 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** BARRY LEE -(757)253-7061  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Newport News

**NAME:** KEYSTONE NEWPORT NEWS LLC  
**Physical Address:** 17579 WARWICK BOULEVARD  
NEWPORT NEWS, VA, 23603-  
**Phone:** (757)888-0400  
**Mailing Address:** 17579 WARWICK BOULEVARD  
NEWPORT NEWS, VA, 23603-  
**ID:** 1420 **License Type:** Annual  
**Effective Date:** 4/7/2006 **Expiration Date:** 4/6/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 66 **Age Served:** 11 to 18 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Newport News

**NAME:** NEWPORT NEWS JUVENILE DETENTION HOME  
**Physical Address:** 228 25TH STREET  
NEWPORT NEWS, VA, 23607-0  
**Phone:** (757)926-8717  
**Mailing Address:** 228 25TH STREET  
NEWPORT NEWS, VA, 23607-0000  
**ID:** 4 **License Type:** Triennial  
**Effective Date:** 6/19/2006 **Expiration Date:** 6/20/2009  
**Lead Agency:** DJJ **Capacity:** 110 **Age Served:** 8 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Newport News

**NAME:** SAFEHAVEN  
**Physical Address:** 12749 NETTLES DRIVE  
NEWPORT NEWS, VA, 23606-0  
**Phone:** (757)930-9409  
**Mailing Address:** P. O. BOX 12914  
NEWPORT NEWS, VA, 23606-0000  
**ID:** 186 **License Type:** Triennial  
**Effective Date:** 10/27/2003 **Expiration Date:** 10/26/2006  
**Lead Agency:** DSS **Capacity:** 12 **Age Served:** 4 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

## Norfolk

**NAME:** BARRY ROBINSON CENTER  
**Physical Address:** 443 KEMPSVILLE ROAD  
NORFOLK, VA, 23502-0000  
**Phone:** (757)455-6100  
**Mailing Address:** 443 KEMPSVILLE ROAD  
NORFOLK, VA, 23502-0000  
**ID:** 123 **License Type:** Triennial  
**Effective Date:** 2/28/2005 **Expiration Date:** 2/27/2008  
**Lead Agency:** DMHMRSAS **Capacity:** 72 **Age Served:** 6 to 17 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** BARRY LEE -(757)253-7061  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Norfolk

**NAME:** COMMUNITY SOLUTIONS  
**Physical Address:** 971 ANNA STREET  
NORFOLK, VA, 23502-  
**Phone:** (757)461-5098  
**Mailing Address:** 5752 PRINCESS ANNE ROAD  
NORFOLK, VA, 23502-  
**ID:** 2238 **License Type:** Annual  
**Effective Date:** 12/23/2005 **Expiration Date:** 12/22/2006  
**Lead Agency:** DSS **Capacity:** 7 **Age Served:** 0 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Independent Living Program  
Mother/Baby program



# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Norfolk

**NAME:** FLORIDA HOUSE **Phone:** (757)852-7556 **ID:** 855 **License Type:** Triennial  
**Physical Address:** 1522 FLORIDA AVENUE **Mailing Address:** 1216 E LITTLE CREEK ROAD **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23502- **Address:** SUITE 200 7/26/2005 7/25/2008  
NORFOLK, VA, 23502-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 15 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

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## Norfolk

**NAME:** FREEMAN HOUSE **Phone:** (757)622-1603 **ID:** 1944 **License Type:** Triennial  
**Physical Address:** 2909 E. VIRGINIA BEACH BOULEVARD **Mailing Address:** 1529 INTERNATIONAL BOULEVARD **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23504- **Address:** SUITE 106 1/12/2006 1/11/2009  
NORFOLK, VA, 23504-  
**Lead Agency:** DSS **Capacity:** 7 **Age Served:** 14 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

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## Norfolk

**NAME:** HAMPTON PLACE **Phone:** (757)683-8680 **ID:** 36 **License Type:** Triennial  
**Physical Address:** 3701 GRANBY ST. **Mailing Address:** 3701 GRANBY ST. **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23504-0000 **Address:** NORFOLK, VA, 23504-0000 4/14/2005 4/13/2008  
NORFOLK, VA, 23504-0000  
**Lead Agency:** DJJ **Capacity:** 13 **Age Served:** 16 to 20 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** Post-Dispositional Group Home

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## Norfolk

**NAME:** HOLIDAY HOUSE OF PORTSMOUTH **Phone:** (757)397-6352 **ID:** 118 **License Type:** Other  
**Physical Address:** 4211 COUNTY STREET **Mailing Address:** 4211 COUNTY STREET **Effective Date:** **Expiration Date:**  
**Address:** PORTSMOUTH, VA, 23707-000 **Address:** PORTSMOUTH, VA, 23707-0000 7/2/2005 7/1/2007  
PORTSMOUTH, VA, 23707-000  
**Lead Agency:** DMHMRSAS **Capacity:** 28 **Age Served:** 4 to 21 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Norfolk

**NAME:** LYDIA'S HOUSE **Phone:** (757)588-5006 **ID:** 2059 **License Type:** Annual  
**Physical Address:** 8458 PRIMROSE STREET **Mailing Address:** 893 LOS COLONIS DRIVE **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23503- **Address:** NORFOLK, VA, 23503- 1/15/2006 1/14/2007  
NORFOLK, VA, 23503-  
**Lead Agency:** DMHMRSAS **Capacity:** 6 **Age Served:** 12 to 17 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** BARRY LEE -(757)253-7061  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
Independent Living Program

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## Norfolk

**NAME:** NANA HOUSE RESIDENTIAL FACILITY **Phone:** (757)469-0517 **ID:** 2057 **License Type:** Triennial  
**Physical Address:** 3006 CAPE HENRY AVENUE **Mailing Address:** 2029 CHICORY STREET **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23502- **Address:** NORFOLK, VA, 23502- 6/23/2006 6/22/2009  
NORFOLK, VA, 23502-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 13 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution  
Independent Living Program

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Norfolk

**NAME:** NEW LIFE PROGRAMS - SISTER' S HOUSE **Phone:** (757)858-1844 **ID:** 2560 **License Type:** Annual  
**Physical** 6320 BALL AVENUE **Mailing** 850 TIDEWATER DRIVE **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23518- **Address:** SUITE A NORFOLK, VA, 23518-  
2/12/2006 2/11/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 4 **Age Served:** 16 to 21 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** BARRY LEE -(757)253-7061  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Norfolk

**NAME:** NORFOLK JUVENILE DETENTION CENTER **Phone:** (757)441-5667 **ID:** 43 **License Type:** Triennial  
**Physical** 1260 SECURITY LANE **Mailing** 1313 CHILD CARE COURT **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23502-0000 **Address:** NORFOLK, VA, 23502-0000  
7/10/2006 7/9/2009  
**Lead Agency:** DJJ **Capacity:** 80 **Age Served:** 12 to 18 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Norfolk

**NAME:** PARAMOUNT YOUTH SERVICE - PARAMOUNT HOUSE **Phone:** (757)625-0504 **ID:** 316 **License Type:** Triennial  
**Physical** 3115 LORAIN AVE **Mailing** P O BOX 12152 **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23509-0000 **Address:** NORFOLK, VA, 23509-0000  
5/1/2004 4/30/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

## Norfolk

**NAME:** PARAMOUNT YOUTH SERVICES - PARAMOUNT HOUSE/PARK PLACE **Phone:** (757)625-0504 **ID:** 1441 **License Type:** Triennial  
**Physical** 238 WEST 30TH STREET **Mailing** P.O. BOX 12152 **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23509- **Address:** NORFOLK, VA, 23509-  
9/20/2003 9/19/2006  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 12 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

## Norfolk

**NAME:** PARAMOUNT YOUTH SERVICES - PRINCESS ANNE **Phone:** (757)625-0504 **ID:** 2046 **License Type:** Annual  
**Physical** 1352 HANSON AVENUE **Mailing** P.O. BOX 12152 **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23509- **Address:** NORFOLK, VA, 23509-  
11/30/2005 11/29/2006  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 17 to 21 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Independent Living Program

## Norfolk

**NAME:** PINES KEMPSVILLE CAMPUS **Phone:** (757)455-0205 **ID:** 322 **License Type:** Triennial  
**Physical** 860 KEMPSVILLE ROAD **Mailing** 825 CRAWFORD PKWY **Effective Date:** **Expiration Date:**  
**Address:** NORFOLK, VA, 23502-0000 **Address:** NORFOLK, VA, 23502-0000  
8/22/2004 8/21/2007  
**Lead Agency:** DMHMRSAS **Capacity:** 82 **Age Served:** 5 to 21 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Norfolk

**NAME:** ST. MARY'S HOME FOR DISABLED CHILDREN **Phone:** (757)622-2208 **ID:** 113 **License Type:** Triennial  
**Physical Address:** 6171 KEMPSVILLE CIRCLE **Mailing Address:** 6171 KEMPSVILLE CIRCLE **Effective Date:** 4/1/2004 **Expiration Date:** 3/31/2007  
**Address:** NORFOLK, VA, 23502-0000 **Address:** NORFOLK, VA, 23502-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 88 **Age Served:** 0 to 21 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** Mr. DENNIS RIDDICK -(757)253-5465  
**Categories:** Facility for Mentally Retarded

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## Petersburg

**NAME:** AGAPE UNLIMITED, INC. **Phone:** (804)733-1786 **ID:** 287 **License Type:** Triennial  
**Physical Address:** 229 SOUTH SYCAMORE STREET **Mailing Address:** 229 SOUTH SYCAMORE STREET **Effective Date:** 12/9/2005 **Expiration Date:** 12/8/2008  
**Address:** PETERSBURG, VA, 23803-000 **Address:** PETERSBURG, VA, 23803-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 15 to 21 **Gender Served:** Both  
**Regulatory Authority:** **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Retarded

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## Petersburg

**NAME:** BLANDFORD MANOR **Phone:** (804)733-2180 **ID:** 214 **License Type:** Annual  
**Physical Address:** 230 SOUTH CRATER ROAD **Mailing Address:** 230 SOUTH CRATER ROAD **Effective Date:** 5/7/2006 **Expiration Date:** 5/6/2007  
**Address:** PETERSBURG, VA, 23803-000 **Address:** PETERSBURG, VA, 23803-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 12 **Age Served:** 12 to 18 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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## Petersburg

**NAME:** CAMERON HOUSE **Phone:** (804)733-2180 **ID:** 455 **License Type:** Triennial  
**Physical Address:** 601 CAMERON STREET **Mailing Address:** 230 S. CRATER ROAD **Effective Date:** 4/3/2006 **Expiration Date:** 4/2/2009  
**Address:** PETERSBURG, VA, 23803- **Address:** PETERSBURG, VA, 23803-  
**Lead Agency:** DMHMRSAS **Capacity:** 8 **Age Served:** 15 to 21 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Petersburg

**NAME:** MINNIE'S YOUTH PALACE, INC **Phone:** (804)863-0400 **ID:** 317 **License Type:** Triennial  
**Physical Address:** 327 BLACKWATER DR **Mailing Address:** 327 BLACKWATER DR **Effective Date:** 4/5/2004 **Expiration Date:** 4/3/2007  
**Address:** PETERSBURG, VA, 23805-000 **Address:** PETERSBURG, VA, 23805-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 5 **Age Served:** 11 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** TAMMY TRESTRAIL -(804)225-3405  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Petersburg

**NAME:** RENEWANCE SERVICES, LLC **Phone:** (804)957-4993 **ID:** 458 **License Type:** Provisional  
**Physical Address:** 2030 FERNDAL AVE **Mailing Address:** 2030 FERNDAL AVE **Effective Date:** 7/25/2006 **Expiration Date:** 10/24/2006  
**Address:** PETERSBURG, VA, 23803- **Address:** PETERSBURG, VA, 23803-  
**Lead Agency:** DMHMRSAS **Capacity:** 4 **Age Served:** 13 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Petersburg

<b>NAME:</b> RENEWANCE SERVICES, LLC	<b>Phone:</b> (804)957-4993	<b>ID:</b> 458	<b>License Type:</b> Triennial
<b>Physical Address:</b> 2030 FERNDAL AVE	<b>Mailing Address:</b> 2030 FERNDAL AVE	<b>Effective Date:</b> 9/1/2005	<b>Expiration Date:</b> 8/31/2008
PETERSBURG, VA, 23803-		PETERSBURG, VA, 23803-	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 4	<b>Age Served:</b> 13 to 18	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> SHARON I STROBLE -(804)225-3406		
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed			

## Portsmouth

<b>NAME:</b> DEEP CREEK HOUSE	<b>Phone:</b> (757)397-1993	<b>ID:</b> 315	<b>License Type:</b> Triennial
<b>Physical Address:</b> 1622 DEEP CREEK BLVD.	<b>Mailing Address:</b> 1216 EAST LITTLE CREEK ROAD	<b>Effective Date:</b> 12/3/2005	<b>Expiration Date:</b> 12/2/2008
PORTSMOUTH, VA, 23704-000		PORTSMOUTH, VA, 23704-0000	
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 4	<b>Age Served:</b> 15 to 17	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> SUSAN ELLINGTON -(804)726-7160		
<b>Categories:</b> Child Caring Institution Independent Living Program			

## Portsmouth

<b>NAME:</b> FAMILY SOLUTIONS, INC.	<b>Phone:</b> (757)238-3758	<b>ID:</b> 1823	<b>License Type:</b> Triennial
<b>Physical Address:</b> 15 DAVIS STREET	<b>Mailing Address:</b> 9016 RIVER CRESCENT	<b>Effective Date:</b> 11/1/2005	<b>Expiration Date:</b> 10/31/2008
PORTSMOUTH, VA, 23702-		PORTSMOUTH, VA, 23702-	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 8	<b>Age Served:</b> 14 to 21	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> DOUGLAS NEWSOME -(757)253-5465		
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed			

## Portsmouth

<b>NAME:</b> FAMILY SOLUTIONS, INC. - QUACKENBUSH	<b>Phone:</b> (757)238-2038	<b>ID:</b> 2559	<b>License Type:</b> Annual
<b>Physical Address:</b> 4 QUACKENBUSH PLACE	<b>Mailing Address:</b> 9016 RIVER CRESCENT	<b>Effective Date:</b> 1/12/2006	<b>Expiration Date:</b> 1/11/2007
PORTSMOUTH, VA, 23702-		PORTSMOUTH, VA, 23702-	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 5	<b>Age Served:</b> 12 to 21	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> DOUGLAS NEWSOME -(757)253-5465		
<b>Categories:</b> Facility for Mentally Retarded Respite Care			

## Portsmouth

<b>NAME:</b> JAMES BENTLEY TREATMENT PROGRAM, INC.	<b>Phone:</b> (757)399-3025	<b>ID:</b> 2302	<b>License Type:</b> Annual
<b>Physical Address:</b> 1020 LECKIE STREET	<b>Mailing Address:</b> P.O. BOX 6070	<b>Effective Date:</b> 12/30/2005	<b>Expiration Date:</b> 12/29/2006
PORTSMOUTH, VA, 23704-		PORTSMOUTH, VA, 23704-	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 4	<b>Age Served:</b> 12 to 17	<b>Gender Served:</b> Male
<b>Regulatory Authority:</b>	<b>Regulator:</b> BARRY LEE -(757)253-7061		
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed			

## Portsmouth

<b>NAME:</b> NEW LIFE PROGRAMS - MARY'S HOUSE	<b>Phone:</b> (757)558-2658	<b>ID:</b> 1460	<b>License Type:</b> Triennial
<b>Physical Address:</b> 4041 WEYANOKE DRIVE	<b>Mailing Address:</b> 850 TIDEWATER DRIVE, STE A	<b>Effective Date:</b> 9/12/2004	<b>Expiration Date:</b> 9/11/2007
PORTSMOUTH, VA, 23073-		PORTSMOUTH, VA, 23073-	
<b>Lead Agency:</b> DMHMRSAS	<b>Capacity:</b> 6	<b>Age Served:</b> 12 to 17	<b>Gender Served:</b> Female
<b>Regulatory Authority:</b>	<b>Regulator:</b> DOUGLAS NEWSOME -(757)253-5465		
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Independent Living Program			

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Portsmouth

**NAME:** PINES CRAWFORD **Phone:** (757)391-6734 **ID:** 406 **License Type:** Triennial  
**Physical** 825 CRAWFORD PKWY **Mailing** 825 CRAWFORD PKWY **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 4/11/2005 4/10/2008  
PORTSMOUTH, VA, 23704- PORTSMOUTH, VA, 23704-  
**Lead Agency:** DMHMRSAS **Capacity:** 186 **Age Served:** 5 to 21 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Portsmouth

**NAME:** PINES RESIDENTIAL CENTER BRIGHTON **Phone:** (757)393-0400 **ID:** 224 **License Type:** Triennial  
**Physical** 1801 PORTSMOUTH BLVD. **Mailing** 825 CRAWFORD PARKWAY **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 10/11/2004 10/10/2007  
PORTSMOUTH, VA, 23704-000 PORTSMOUTH, VA, 23704-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 156 **Age Served:** 11 to 21 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Portsmouth

**NAME:** SEBASTIEN HOUSE **Phone:** (757)399-5800 **ID:** 632 **License Type:** Annual  
**Physical** 2602 LINCOLN STREET **Mailing** P. O. BOX 10084 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 1/3/2006 1/2/2007  
PORTSMOUTH, VA, 23704- PORTSMOUTH, VA, 23704-  
**Lead Agency:** DMHMRSAS **Capacity:** 7 **Age Served:** 13 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** DOUGLAS NEWSOME -(757)253-5465  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Portsmouth

**NAME:** WESTHAVEN CRISIS CENTER **Phone:** (757)397-5371 **ID:** 76 **License Type:** Triennial  
**Physical** 3515 RACE ST. **Mailing** 3515 RACE ST **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 7/9/2004 7/10/2007  
PORTSMOUTH, VA, 23707-000 PORTSMOUTH, VA, 23707-0000  
**Lead Agency:** DJJ **Capacity:** 12 **Age Served:** 12 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** Post-Dispositional Group Home  
Pre-Dispositional Group Home

## Powhatan

**NAME:** BEAUMONT JUVENILE CORRECTIONAL CENTER **Phone:** (804)556-3316 **ID:** 16 **License Type:** Other  
**Physical** RT 313 OFF RT 522 **Mailing** P.O.BOX 491 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 2/9/2006 2/8/2007  
BEAUMONT, VA, 23014-0000 BEAUMONT, VA, 23014-0000  
**Lead Agency:** DJJ **Capacity:** 322 **Age Served:** 10 to 20 **Gender Served:** Male  
**Regulatory Authority:** DOE **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** Juvenile Correctional Facility  
School for Children with Disabilities

## Powhatan

**NAME:** JAMES RIVER JUVENILE DETENTION CENTER **Phone:** (804)556-8123 **ID:** 410 **License Type:** Triennial  
**Physical** 3650 BEAUMONT ROAD **Mailing** P. O. BOX 880 **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 11/17/2005 11/16/2008  
POWATAN, VA, 23139- POWATAN, VA, 23139-  
**Lead Agency:** DJJ **Capacity:** 60 **Age Served:** 8 to 18 **Gender Served:** Both  
**Regulatory Authority:** DOE **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** School for Children with Disabilities  
Secure Detention Home

**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Prince Edward

**NAME:** PIEDMONT REGIONAL JUVENILE DETENTION FACILITY      **Phone:** (804)392-3834      **ID:** 488    **License Type:** Triennial  
**Physical** 701 INDUSTRIAL PARK ROAD      **Mailing** P.O. BOX 344      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      4/28/2006      4/27/2009  
FARMVILLE, VA, 23901-      FARMVILLE, VA, 23901-  
**Lead Agency:** DJJ      **Capacity:** 20      **Age Served:** 8 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** School for Children with Disabilities  
Secure Detention Home

Prince George

**NAME:** CRATER JUVENILE DETENTION HOME      **Phone:** (804)732-3803      **ID:** 52    **License Type:** Triennial  
**Physical** 6102 COUNTY DRIVE      **Mailing** 6102 COUNTY DRIVE      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      5/9/2005      5/8/2008  
DISPUTANTA, VA, 23842-000      DISPUTANTA, VA, 23842-0000  
**Lead Agency:** DJJ      **Capacity:** 22      **Age Served:** 8 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** School for Children with Disabilities  
Secure Detention Home

Prince William

**NAME:** JUDGE PATRICK D. MOLINARI JUVENILE SHELTER      **Phone:** (703)330-4751      **ID:** 216    **License Type:** Triennial  
**Physical** 8642 WELLINGTON ROAD      **Mailing** 8642 WELLINGTON ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      11/13/2005      11/12/2008  
MANASSAS, VA, 20109-0000      MANASSAS, VA, 20109-0000  
**Lead Agency:** DJJ      **Capacity:** 15      **Age Served:** 10 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** Emergency Shelter

Prince William

**NAME:** PRINCE WILLIAM COUNTY GROUP HOME FOR BOYS      **Phone:** (703)680-6610      **ID:** 2163    **License Type:** Triennial  
**Physical** 14716 POTOMAC MILLS RD      **Mailing** 14716 POTOMAC MILLS RD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      1/18/2006      1/17/2009  
PRINCE WILLIAM, VA, 22192      PRINCE WILLIAM, VA, 22192-  
**Lead Agency:** DSS      **Capacity:** 12      **Age Served:** 13 to 17      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

Prince William

**NAME:** PRINCE WILLIAM COUNTY GROUP HOME FOR GIRLS      **Phone:** (703)791-3650      **ID:** 2164    **License Type:** Triennial  
**Physical** 14879 DUMFRIES ROAD      **Mailing** 14879 DUMFRIES ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      1/13/2006      1/12/2009  
MANASSAS, VA, 20112-      MANASSAS, VA, 20112-  
**Lead Agency:** DSS      **Capacity:** 12      **Age Served:** 13 to 17      **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution

Prince William

**NAME:** PRINCE WILLIAM JUVENILE DETENTION HOME      **Phone:** (703)791-3181      **ID:** 56    **License Type:** Triennial  
**Physical** 14873 DUMFRIES RD      **Mailing** 14873 DUMFRIES RD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      4/13/2006      4/12/2009  
MANASSAS, VA, 20112-0000      MANASSAS, VA, 20112-0000  
**Lead Agency:** DJJ      **Capacity:** 72      **Age Served:** 10 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CLARICE BOOKER -(804)323-2669  
**Categories:** School for Children with Disabilities  
Secure Detention Home

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Prince William

**NAME:** YOUTH FOR TOMORROW - NEW LIFE CENTER      **Phone:** (703)631-3360      **ID:** 212    **License Type:** Triennial  
**Physical Address:** 11835 HAZEL CIRCLE DRIVE      **Mailing Address:** 11835 HAZEL CIRCLE DRIVE      **Effective Date:** 7/19/2005    **Expiration Date:** 7/18/2008  
**Address:** BRISTOW, VA, 20136-0000      **Address:** BRISTOW, VA, 20136-0000  
**Lead Agency:** DSS      **Capacity:** 88      **Age Served:** 11 to 17    **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** SUSAN ELLINGTON -(804)726-7160  
**Categories:** Child Caring Institution  
School for Children with Disabilities

## Richmond (City)

**NAME:** ANGEL HOUSE      **Phone:** (804)342-4202      **ID:** 2041    **License Type:** Annual  
**Physical Address:** 3110 GARLAND AVENUE      **Mailing Address:** P.O. BOX 27672      **Effective Date:** 10/26/2005    **Expiration Date:** 10/26/2006  
**Address:** RICHMOND, VA, 23222-      **Address:** RICHMOND, VA, 23222-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 13 to 17    **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

## Richmond (City)

**NAME:** CUMBERLAND BARTON HOUSE      **Phone:** (804)228-2280      **ID:** 889    **License Type:** Triennial  
**Physical Address:** 2811 MOSS SIDE AVENUE      **Mailing Address:** 9407 CUMBERLAND ROAD      **Effective Date:** 12/1/2003    **Expiration Date:** 11/30/2006  
**Address:** RICHMOND, VA, 23222-      **Address:** RICHMOND, VA, 23222-  
**Lead Agency:** DMHMRSAS      **Capacity:** 6      **Age Served:** 12 to 21    **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Richmond (City)

**NAME:** CUMBERLAND CAPITAL COTTAGE      **Phone:** (804)329-7518      **ID:** 890    **License Type:** Triennial  
**Physical Address:** 2912 MOSS SIDE AVENUE      **Mailing Address:** 2912 MOSS SIDE AVENUE      **Effective Date:** 12/1/2003    **Expiration Date:** 11/30/2006  
**Address:** RICHMOND, VA, 23222-      **Address:** RICHMOND, VA, 23222-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 8 to 18    **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Richmond (City)

**NAME:** CUMBERLAND MAGNOLIA HOUSE      **Phone:** (804)278-4730      **ID:** 891    **License Type:** Triennial  
**Physical Address:** 1410 WESTWOOD AVENUE      **Mailing Address:** 1410 WESTWOOD AVENUE      **Effective Date:** 12/1/2003    **Expiration Date:** 11/30/2006  
**Address:** RICHMOND, VA, 23227-      **Address:** RICHMOND, VA, 23227-  
**Lead Agency:** DMHMRSAS      **Capacity:** 6      **Age Served:** 12 to 21    **Gender Served:** Female  
**Regulatory Authority:**      **Regulator:** TAMMY TRESTRAIL -(804)225-3405  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Richmond (City)

**NAME:** CUMBERLAND PENINSULA GROUP HOME      **Phone:** (757)599-6404      **ID:** 892    **License Type:** Triennial  
**Physical Address:** 2909 MOSS SIDE AVENUE      **Mailing Address:** 2909 MOSS SIDE AVENUE      **Effective Date:** 12/1/2003    **Expiration Date:** 11/30/2006  
**Address:** RICHMOND, VA, 23222-      **Address:** RICHMOND, VA, 23222-  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 8 to 21    **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Richmond (City)

**NAME:** DOT'S PLACE **Phone:** (804)553-0417 **ID:** 353 **License Type:** Triennial  
**Physical** 2804 SECOND AVE. **Mailing** 2804 SECOND AVENUE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 2/6/2004 2/5/2007  
RICHMOND, VA, 23222- RICHMOND, VA, 23222-  
**Lead Agency:** DSS **Capacity:** 5 **Age Served:** 11 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

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## Richmond (City)

**NAME:** ELEVENTH HOUSE OF JACKSON FEILD **Phone:** (804)355-8735 **ID:** 84 **License Type:** Triennial  
**Physical** 205 NORTH BOULEVARD **Mailing** 546 WALNUT GROVE DRIVE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 4/29/2005 4/28/2008  
RICHMOND, VA, 23220-0000 RICHMOND, VA, 23220-0000  
**Lead Agency:** DSS **Capacity:** 13 **Age Served:** 14 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
Independent Living Program

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## Richmond (City)

**NAME:** ELK HILL - NORTHSIDE **Phone:** (804)266-0135 **ID:** 412 **License Type:** Triennial  
**Physical** 3802 CHAMBERLYNE AVE. **Mailing** 3802 CHAMBERLAYNE AVE. **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 4/30/2005 4/29/2008  
RICHMOND, VA, 23227- RICHMOND, VA, 23227-  
**Lead Agency:** DSS **Capacity:** 8 **Age Served:** 15 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** Ms. CONNIE MCHALE -(804)726-7666  
**Categories:** Child Caring Institution  
Independent Living Program

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## Richmond (City)

**NAME:** H. W. RENAISSANCE, INC. - EXTENSIONS **Phone:** (804)329-3264 **ID:** 252 **License Type:** Triennial  
**Physical** 2406 BARTON AVENUE **Mailing** 3900 CHAMBERLAYNE AVENUE **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 8/25/2005 8/24/2008  
RICHMOND, VA, 23222-0000 RICHMOND, VA, 23222-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 6 **Age Served:** 13 to 18 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** YVONNE LUSTER -(804)225-3409  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Richmond (City)

**NAME:** HOPE'S HAVEN **Phone:** (804)675-4690 **ID:** 1548 **License Type:** Provisional  
**Physical** 3515 SKIPPING ROCK WAY **Mailing** 3515 SKIPPING ROCK WAY **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 3/1/2006 8/31/2006  
RICHMOND, VA, 23234- RICHMOND, VA, 23234-  
**Lead Agency:** DMHMRSAS **Capacity:** 7 **Age Served:** 12 to 18 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

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## Richmond (City)

**NAME:** NEW Y-CAPP INC- AGAPE HOUSE **Phone:** (804)233-6899 **ID:** 319 **License Type:** Triennial  
**Physical** 3261 CULLENWOOD DRIVE **Mailing** 1500 BROOK ROAD **Effective Date:** **Expiration Date:**  
**Address:** **Address:** 5/18/2004 5/17/2007  
RICHMOND, VA, 23234-0000 RICHMOND, VA, 23234-0000  
**Lead Agency:** DMHMRSAS **Capacity:** 5 **Age Served:** 9 to 17 **Gender Served:** Male  
**Regulatory Authority:** **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Temporary Care Facility

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# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Richmond (City)

**NAME:** OLA (OUR LITTLE ANGELS) HOME FOR BOYS, LLC      **Phone:** (804)343-5152      **ID:** 2365 **License Type:** Conditional  
**Physical Address:** 1802 N 22ND STREET      **Mailing Address:** P.O. BOX 2074      **Effective Date:** 5/15/2006      **Expiration Date:** 11/14/2006  
**Address:** RICHMOND, VA, 23223-      RICHMOND, VA, 23223-  
**Lead Agency:** DMHMRSAS      **Capacity:** 4      **Age Served:** 13 to 18      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** VERONICA DAVIS -(804)225-3410  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Independent Living Program

## Richmond (City)

**NAME:** RICHMOND DETENTION HOME      **Phone:** (804)646-3461      **ID:** 45 **License Type:** Triennial  
**Physical Address:** 1700 N. 17TH STREET      **Mailing Address:** 1700 N. 17TH STREET      **Effective Date:** 6/15/2006      **Expiration Date:** 6/14/2009  
**Address:** RICHMOND, VA, 23219-1216      RICHMOND, VA, 23219-1216  
**Lead Agency:** DJJ      **Capacity:** 60      **Age Served:** 10 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Richmond (City)

**NAME:** RION'S HOPE, LLC      **Phone:** (804)230-9595      **ID:** 2040 **License Type:** Annual  
**Physical Address:** 2618 SEMMES AVENUE      **Mailing Address:** 2618 SEMMES AVENUE      **Effective Date:** 8/1/2006      **Expiration Date:** 7/31/2007  
**Address:** RICHMOND, VA, 23224-      RICHMOND, VA, 23224-  
**Lead Agency:** DMHMRSAS      **Capacity:** 6      **Age Served:** 16 to 21      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** Ms. JOSLYNN PERRY -(804)692-0622  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Richmond (City)

**NAME:** ROSEY GRIER YOUTH PAVILION, INC.      **Phone:** (804)232-4872      **ID:** 7 **License Type:** Triennial  
**Physical Address:** 2419 ROYALL AVENUE      **Mailing Address:** P.O. BOX 34767      **Effective Date:** 9/14/2005      **Expiration Date:** 9/13/2008  
**Address:** RICHMOND, VA, 23224-0000      RICHMOND, VA, 23224-0000  
**Lead Agency:** DSS      **Capacity:** 26      **Age Served:** 8 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** ROGER MASSIE -(540)332-9383  
**Categories:** Child Caring Institution  
Emergency Shelter  
Temporary Care Facility

## Richmond (City)

**NAME:** UNITED METHODIST FAMILY SERVICES      **Phone:** (804)353-4461      **ID:** 78 **License Type:** Triennial  
**Physical Address:** 3900 W. BROAD STREET      **Mailing Address:** 3900 W. BROAD STREET      **Effective Date:** 12/11/2004      **Expiration Date:** 12/10/2007  
**Address:** RICHMOND, VA, 23230-0000      RICHMOND, VA, 23230-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 55      **Age Served:** 11 to 18      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** SHARON I STROBLE -(804)225-3406  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

## Richmond (City)

**NAME:** UNITY HOME, INC.      **Phone:** (804)329-2363      **ID:** 592 **License Type:** Triennial  
**Physical Address:** 2823 HANES AVENUE      **Mailing Address:** PO BOX 25784      **Effective Date:** 10/22/2003      **Expiration Date:** 10/21/2006  
**Address:** RICHMOND, VA, 23222-      RICHMOND, VA, 23222-  
**Lead Agency:** DSS      **Capacity:** 7      **Age Served:** 0 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Richmond (City)

<b>NAME:</b> UNITY HOME, INC. <b>Physical Address:</b> 2027 IDLEWOOD AVENUE RICHMOND, VA, 23220-	<b>Phone:</b> (804)228-3433 <b>Mailing Address:</b> P.O. BOX 25784 RICHMOND, VA, 23220-	<b>ID:</b> 2043 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/22/2003 <b>Expiration Date:</b> 10/21/2006
<b>Lead Agency:</b> DSS <b>Capacity:</b> 7 <b>Age Served:</b> 0 to 17 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> Regulator: SUSAN ELLINGTON -(804)726-7160		
<b>Categories:</b> Child Caring Institution Independent Living Program Mother/Baby program		

Richmond (City)

<b>NAME:</b> UPLIFT HOUSE <b>Physical Address:</b> 3600 MCGUIRE DRIVE RICHMOND, VA, 23224-	<b>Phone:</b> (804)513-0032 <b>Mailing Address:</b> 8025 HILLCREEK DRIVE RICHMOND, VA, 23224-	<b>ID:</b> 591 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/1/2004 <b>Expiration Date:</b> 4/30/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 8 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Male		
<b>Regulatory Authority:</b> Regulator: SUSAN ELLINGTON -(804)726-7160		
<b>Categories:</b> Child Caring Institution Independent Living Program		

Richmond (City)

<b>NAME:</b> VIRGINIA TREATMENT CENTER FOR CHILDREN <b>Physical Address:</b> 515 NORTH 10TH STREET RICHMOND, VA, 23298-0489	<b>Phone:</b> (804)828-3146 <b>Mailing Address:</b> 515 NORTH 10TH STREET RICHMOND, VA, 23298-0489	<b>ID:</b> 267 <b>License Type:</b> Triennial <b>Effective Date:</b> 1/15/2005 <b>Expiration Date:</b> 1/15/2008
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 34 <b>Age Served:</b> 4 to 21 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> DOE <b>Regulator:</b> YVONNE LUSTER -(804)225-3409		
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed School for Children with Disabilities		

Roanoke (City)

<b>NAME:</b> DISCOVERY HOUSE <b>Physical Address:</b> 1314 SECOND ST., S.W. ROANOKE, VA, 24016-0000	<b>Phone:</b> (540)857-6955 <b>Mailing Address:</b> 1314 SECOND ST., S.W. ROANOKE, VA, 24016-0000	<b>ID:</b> 25 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/13/2006 <b>Expiration Date:</b> 7/14/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 11 <b>Age Served:</b> 16 to 20 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> Regulator: MARK LEWIS -(804)323-2218		
<b>Categories:</b> Post-Dispositional Group Home		

Roanoke (City)

<b>NAME:</b> ROANOKE DETENTION HOME <b>Physical Address:</b> 498 COYNER SPRINGS ROAD ROANOKE, VA, 24012-0000	<b>Phone:</b> (540)561-3840 <b>Mailing Address:</b> 498 COYNER SPRINGS ROAD ROANOKE, VA, 24012-0000	<b>ID:</b> 47 <b>License Type:</b> Triennial <b>Effective Date:</b> 2/11/2004 <b>Expiration Date:</b> 2/10/2007
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 81 <b>Age Served:</b> 7 to 17 <b>Gender Served:</b> Both		
<b>Regulatory Authority:</b> DOE <b>Regulator:</b> MARK LEWIS -(804)323-2218		
<b>Categories:</b> School for Children with Disabilities Secure Detention Home		

Roanoke (City)

<b>NAME:</b> YOUTH HAVEN I <b>Physical Address:</b> 1301 THIRD ST, S.W. ROANOKE, VA, 24016-0000	<b>Phone:</b> (540)853-2830 <b>Mailing Address:</b> 1301 THIRD ST, S.W. ROANOKE, VA, 24016-0000	<b>ID:</b> 67 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/6/2006 <b>Expiration Date:</b> 5/5/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 12 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Male		
<b>Regulatory Authority:</b> Regulator: MARK LEWIS -(804)323-2218		
<b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		

**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

**Roanoke County**

<b>NAME:</b> GIFT OF HOPE <b>Physical Address:</b> 7248 BACK CREEK ROAD BOONES MILL, VA, 24065-	<b>Phone:</b> (540)776-2858 <b>Mailing Address:</b> POST OFFICE BOX 229 BOONES MILL, VA, 24065-	<b>ID:</b> 1506 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/20/2005 <b>Expiration Date:</b> 10/19/2008
<b>Lead Agency:</b> DSS <b>Capacity:</b> 8 <b>Age Served:</b> 14 to 17 <b>Gender Served:</b> Female	<b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383	
<b>Categories:</b> Child Caring Institution Independent Living Program		

**Rockbridge**

<b>NAME:</b> NATURAL BRIDGE JUVENILE CORRECTIONAL CENTER <b>Physical Address:</b> 1425 ARNOLDS VALLEY ROAD NATURAL BRIDGE STATION, V	<b>Phone:</b> (540)291-2129 <b>Mailing Address:</b> 1425 ARNOLDS VALLEY ROAD NATURAL BRIDGE STATION, VA, 24579-9411	<b>ID:</b> 39 <b>License Type:</b> Triennial <b>Effective Date:</b> 1/14/2006 <b>Expiration Date:</b> 1/15/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 71 <b>Age Served:</b> 11 to 20 <b>Gender Served:</b> Male	<b>Regulatory Authority:</b> DOE <b>Regulator:</b> MARK LEWIS -(804)323-2218	
<b>Categories:</b> Juvenile Correctional Facility School for Children with Disabilities		

**Russell**

<b>NAME:</b> SUSAN BUNDY GIRLS GROUP HOME <b>Physical Address:</b> 1005 E. MAIN STREET LEBANON, VA, 24266-0000	<b>Phone:</b> (276)889-4080 <b>Mailing Address:</b> P. O. BOX 1725 LEBANON, VA, 24266-0000	<b>ID:</b> 33 <b>License Type:</b> Triennial <b>Effective Date:</b> 1/7/2006 <b>Expiration Date:</b> 1/8/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 10 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Female	<b>Regulatory Authority:</b> <b>Regulator:</b> MARK LEWIS -(804)323-2218	
<b>Categories:</b> Post-Dispositional Group Home Pre-Dispositional Group Home		

**Salem**

<b>NAME:</b> VIRGINIA BAPTIST CHILDREN'S HOME <b>Physical Address:</b> 860 MOUNT VERNON LANE SALEM, VA, 24153-0849	<b>Phone:</b> (540)389-5468 <b>Mailing Address:</b> P.O. BOX 849 SALEM, VA, 24153-0849	<b>ID:</b> 12 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/1/2005 <b>Expiration Date:</b> 6/30/2008
<b>Lead Agency:</b> DSS <b>Capacity:</b> 58 <b>Age Served:</b> 5 to 17 <b>Gender Served:</b> Both	<b>Regulatory Authority:</b> DOE <b>Regulator:</b> ROGER MASSIE -(540)332-9383	
<b>Categories:</b> Child Caring Institution Independent Living Program School for Children with Disabilities		

**Smyth**

<b>NAME:</b> KEYSTONE MARION <b>Physical Address:</b> 225 STATE STREET MARION, VA, 24354-	<b>Phone:</b> (276)782-1990 <b>Mailing Address:</b> 225 STATE STREET MARION, VA, 24354-	<b>ID:</b> 2081 <b>License Type:</b> Annual <b>Effective Date:</b> 5/7/2006 <b>Expiration Date:</b> 5/6/2007
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 48 <b>Age Served:</b> 11 to 17 <b>Gender Served:</b> Male	<b>Regulatory Authority:</b> DOE <b>Regulator:</b> STEPHEN L PATRICK -(276)676-5790	
<b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed School for Children with Disabilities		

**Smyth**

<b>NAME:</b> MOUNT ROGERS SHELTER HOME <b>Physical Address:</b> 136 SNIDER BRANCH ROAD MARION, VA, 24354-0000	<b>Phone:</b> (276)783-8601 <b>Mailing Address:</b> P.O. BOX 325 MARION, VA, 24354-0000	<b>ID:</b> 57 <b>License Type:</b> Annual <b>Effective Date:</b> 6/19/2006 <b>Expiration Date:</b> 6/18/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 10 <b>Age Served:</b> 10 to 17 <b>Gender Served:</b> Male	<b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383	
<b>Categories:</b> Child Caring Institution Emergency Shelter		

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Smyth

**NAME:** SOUTHWESTERN VA MH INSTITUTE- ADOLESCENT UNIT      **Phone:** (276)783-1200      **ID:** 116    **License Type:** Triennial  
**Physical** 340 BAGLEY CIRCLE      **Mailing** 340 BAGLEY CIRCLE      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      2/1/2005      1/31/2008  
MARION, VA, 24354-0000      MARION, VA, 24354-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 16      **Age Served:** 13 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** STEPHEN L PATRICK - (276)676-5790  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

## Stafford

**NAME:** CHAPLIN YOUTH CENTER      **Phone:** (540)371-0590      **ID:** 213    **License Type:** Triennial  
**Physical** 125 HOT TOP ROAD      **Mailing** P. O. BOX 8208      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      5/9/2004      5/8/2007  
STAFFORD, VA, 22405-0000      STAFFORD, VA, 22405-0000  
**Lead Agency:** DJJ      **Capacity:** 12      **Age Served:** 12 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** CLARICE BOOKER - (804)323-2669  
**Categories:** Post-Dispositional Group Home

## Stafford

**NAME:** RAPPAHANNOCK JUVENILE CENTER      **Phone:** (540)371-4727      **ID:** 46    **License Type:** Triennial  
**Physical** 275 WYCHE ROAD      **Mailing** 275 WYCHE ROAD      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      4/12/2005      4/11/2008  
STAFFORD, VA, 22554-      STAFFORD, VA, 22554-  
**Lead Agency:** DJJ      **Capacity:** 80      **Age Served:** 8 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CAROEL SELBY - (804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

## Staunton

**NAME:** ABRAXAS HOUSE      **Phone:** (540)332-7870      **ID:** 58    **License Type:** Triennial  
**Physical** 603 N. COALTER ST      **Mailing** 603 N. COALTER ST      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      9/8/2003      9/7/2006  
STAUNTON, VA, 24401-0000      STAUNTON, VA, 24401-0000  
**Lead Agency:** DJJ      **Capacity:** 10      **Age Served:** 15 to 20      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** CAROEL SELBY - (804)323-2219  
**Categories:** Post-Dispositional Group Home

## Staunton

**NAME:** COMMONWEALTH CENTER FOR CHILDREN & ADOLESCENTS      **Phone:** (540)332-2100      **ID:** 147    **License Type:** Triennial  
**Physical** 1355 RICHMOND AVE.      **Mailing** P O BOX 4000      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      2/14/2005      2/13/2008  
STAUNTON, VA, 24401-0000      STAUNTON, VA, 24401-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 48      **Age Served:** 2 to 18      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** RHONDA ANGEL - (540)332-8423  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded  
School for Children with Disabilities

## Staunton

**NAME:** INTERCEPT - SHENANDOAH HOUSE      **Phone:** (540)885-7576      **ID:** 333    **License Type:** Triennial  
**Physical** 605 CALVERT STREET      **Mailing** P O BOX 95      **Effective Date:**    **Expiration Date:**  
**Address:**      **Address:**      11/22/2003      11/21/2006  
STAUNTON, VA, 24401-0000      STAUNTON, VA, 24401-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 8      **Age Served:** 13 to 18      **Gender Served:** Male  
**Regulatory Authority:**      **Regulator:** RHONDA ANGEL - (540)332-8423  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Staunton

**NAME:** SHENANDOAH VALLEY JUVENILE DETENTION HOME      **Phone:** (540)886-0729      **ID:** 48      **License Type:** Triennial  
**Physical** 300 TECHNOLOGY DRIVE      **Mailing** 300 TECHNOLOGY DRIVE      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      9/19/2004      9/20/2007  
STAUNTON, VA, 24401-0000      STAUNTON, VA, 24401-0000  
**Lead Agency:** DJJ      **Capacity:** 55      **Age Served:** 7 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** CAROEL SELBY -(804)323-2219  
**Categories:** School for Children with Disabilities  
Secure Detention Home

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## Staunton

**NAME:** VIRGINIA SCHOOL FOR THE DEAF AND BLIND AT STAUNTON      **Phone:** (540)332-9000      **ID:** 165      **License Type:** Triennial  
**Physical** 790 EAST BEVERLY STREET      **Mailing** P.O. BOX 2069      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      4/16/2005      4/15/2008  
STAUNTON, VA, 24401-0000      STAUNTON, VA, 24401-0000  
**Lead Agency:** DOE      **Capacity:** 150      **Age Served:** 4 to 21      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** School for Children with Disabilities

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## Suffolk

**NAME:** HAMPTON ROADS YOUTH CENTER, INC.      **Phone:** (757)923-4948      **ID:** 1280      **License Type:** Triennial  
**Physical** 275 KENYON ROAD      **Mailing** 275 KENYON ROAD      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      3/26/2006      3/25/2009  
SUFFOLK, VA, 23434-7450      SUFFOLK, VA, 23434-7450  
**Lead Agency:** DSS      **Capacity:** 20      **Age Served:** 12 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
School for Children with Disabilities

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## Sussex

**NAME:** JACKSON FEILD HOMES      **Phone:** (434)634-3217      **ID:** 2120      **License Type:** Triennial  
**Physical** 546 WALNUT GROVE DRIVE      **Mailing** 546 WALNUT GROVE DRIVE      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      7/1/2005      6/30/2008  
JARRATT, VA, 23867-      JARRATT, VA, 23867-  
**Lead Agency:** DSS      **Capacity:** 70      **Age Served:** 0 to 17      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution  
Mother/Baby program  
School for Children with Disabilities

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## Virginia Beach

**NAME:** CRISIS INTERVENTION HOME      **Phone:** (757)422-4521      **ID:** 77      **License Type:** Triennial  
**Physical** 811 13TH ST      **Mailing** 811 13TH ST      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      5/12/2006      5/11/2009  
VIRGINIA BEACH, VA, 23451      VIRGINIA BEACH, VA, 23451-0000  
**Lead Agency:** DJJ      **Capacity:** 12      **Age Served:** 13 to 17      **Gender Served:** Both  
**Regulatory Authority:**      **Regulator:** MARK LEWIS -(804)323-2218  
**Categories:** Post-Dispositional Group Home  
Pre-Dispositional Group Home  
Temporary Care Facility

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## Virginia Beach

**NAME:** PENDLETON CHILD SERVICES CENTER      **Phone:** (757)427-4537      **ID:** 103      **License Type:** Triennial  
**Physical** 2473 NORTH LANDING ROAD      **Mailing** 2473 NORTH LANDING ROAD      **Effective Date:**      **Expiration Date:**  
**Address:**      **Address:**      10/1/2004      9/30/2007  
VIRGINIA BEACH, VA, 23456      VIRGINIA BEACH, VA, 23456-0000  
**Lead Agency:** DMHMRSAS      **Capacity:** 24      **Age Served:** 5 to 12      **Gender Served:** Both  
**Regulatory Authority:** DOE      **Regulator:** MABEL NICOSIA -(757)424-8364  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
School for Children with Disabilities

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Virginia Beach

<b>NAME:</b> SETON HOUSE <b>Physical Address:</b> 642 NORTH LYNNHAVEN ROAD VIRGINIA BEACH, VA, 23452	<b>Phone:</b> (757)498-4673 <b>Mailing Address:</b> 642 NORTH LYNNHAVEN ROAD VIRGINIA BEACH, VA, 23452-0000	<b>ID:</b> 95 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/18/2004 <b>Expiration Date:</b> 5/17/2007
<b>Lead Agency:</b> DSS <b>Capacity:</b> 12 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> DEVON L LEHMANN -(804)726-7155 <b>Categories:</b> Child Caring Institution Emergency Shelter Temporary Care Facility		

Virginia Beach

<b>NAME:</b> SETON HOUSE FOR GIRLS <b>Physical Address:</b> 465 KINGS GRANT ROAD VIRGINIA BEACH, VA, 23452	<b>Phone:</b> (757)306-1840 <b>Mailing Address:</b> 642 NORTH LYNNHAVEN ROAD VIRGINIA BEACH, VA, 23452-0000	<b>ID:</b> 305 <b>License Type:</b> Triennial <b>Effective Date:</b> 5/5/2006 <b>Expiration Date:</b> 5/4/2009
<b>Lead Agency:</b> DSS <b>Capacity:</b> 10 <b>Age Served:</b> 8 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> DEVON L LEHMANN -(804)726-7155 <b>Categories:</b> Child Caring Institution Emergency Shelter		

Virginia Beach

<b>NAME:</b> TRANSITIONAL LIVING PROGRAM <b>Physical Address:</b> 2293 LYNNHAVEN PARKWAY VIRGINIA BEACH, VA, 23456	<b>Phone:</b> (757)428-4001 <b>Mailing Address:</b> 2293 LYNNHAVEN PARKWAY VIRGINIA BEACH, VA, 23456-0000	<b>ID:</b> 244 <b>License Type:</b> Triennial <b>Effective Date:</b> 7/8/2004 <b>Expiration Date:</b> 7/7/2007
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 12 <b>Age Served:</b> 16 to 20 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> MARK LEWIS -(804)323-2218 <b>Categories:</b> Independent Living Program		

Virginia Beach

<b>NAME:</b> VIRGINIA BEACH JUVENILE DETENTION CENTER <b>Physical Address:</b> 2533 GEORGE MASON DRIVE VIRGINIA BEACH, VA, 2345	<b>Phone:</b> (757)437-3475 <b>Mailing Address:</b> 2533 GEORGE MASON DRIVE VIRGINIA BEACH, VA, 23456-	<b>ID:</b> 2174 <b>License Type:</b> Triennial <b>Effective Date:</b> 4/20/2006 <b>Expiration Date:</b> 4/19/2009
<b>Lead Agency:</b> DJJ <b>Capacity:</b> 90 <b>Age Served:</b> 10 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> DOE <b>Regulator:</b> MARK LEWIS -(804)323-2218 <b>Categories:</b> School for Children with Disabilities Secure Detention Home		

Warren

<b>NAME:</b> POPLAR TRANSITIONS OF THE SHENANDOAH VALLEY <b>Physical Address:</b> 209 WEST CRISER ROAD SUITE 400 FRONT ROYAL, VA, 22630-	<b>Phone:</b> (540)551-9914 <b>Mailing Address:</b> 209 WEST CRISER ROAD SUITE 400 FRONT ROYAL, VA, 22630-	<b>ID:</b> 653 <b>License Type:</b> Triennial <b>Effective Date:</b> 10/25/2003 <b>Expiration Date:</b> 10/24/2006
<b>Lead Agency:</b> DMHMRSAS <b>Capacity:</b> 11 <b>Age Served:</b> 13 to 18 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> DOE <b>Regulator:</b> E. TERRENCE HOBAN -(703)323-2106 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed School for Children with Disabilities		

Washington

<b>NAME:</b> BRISTOL BOY'S HOME <b>Physical Address:</b> 15149 OLD JONESBOROUGH RD BRISTOL, VA, 24201-	<b>Phone:</b> (276)466-5051 <b>Mailing Address:</b> 15149 OLD JONESBOROUGH ROAD BRISTOL, VA, 24201-	<b>ID:</b> 2170 <b>License Type:</b> Triennial <b>Effective Date:</b> 4/27/2006 <b>Expiration Date:</b> 4/26/2009
<b>Lead Agency:</b> DSS <b>Capacity:</b> 8 <b>Age Served:</b> 12 to 17 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383 <b>Categories:</b> Child Caring Institution		

# Interdepartmental Regulation of Childrens Residential Facilities Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

## Williamsburg

**NAME:** VISIONS OF HOPE  
**Physical Address:** 249 ROLAND STREET  
WILLIAMSBURG, VA, 23188-  
**Phone:** (757)564-1879  
**Mailing Address:** 249 ROLAND STREET  
WILLIAMSBURG, VA, 23188-  
**ID:** 1975 **License Type:** Triennial  
**Effective Date:** 1/22/2006 **Expiration Date:** 1/21/2009  
**Lead Agency:** DSS **Capacity:** 4 **Age Served:** 14 to 17 **Gender Served:** Female  
**Regulatory Authority:** **Regulator:** DEVON L LEHMANN -(804)726-7155  
**Categories:** Child Caring Institution

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## Winchester

**NAME:** GRAFTON - 197 Village Court  
**Physical Address:** 197 VILLAGE COURT  
WINCHESTER, VA, 22602-  
**Phone:** (540)542-0200  
**Mailing Address:** P.O. BOX 2500  
WINCHESTER, VA, 22602-  
**ID:** 415 **License Type:** Triennial  
**Effective Date:** 11/13/2005 **Expiration Date:** 11/12/2008  
**Lead Agency:** DOE **Capacity:** 5 **Age Served:** 15 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

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## Winchester

**NAME:** GRAFTON - 920 FREDERICK AVENUE  
**Physical Address:** 920 FREDERICK AVENUE  
WINCHESTER, VA, 22601-  
**Phone:** (540)722-9180  
**Mailing Address:** P. O. BOX 2500  
WINCHESTER, VA, 22601-  
**ID:** 1131 **License Type:** Annual  
**Effective Date:** 3/1/2006 **Expiration Date:** 2/28/2007  
**Lead Agency:** DOE **Capacity:** 9 **Age Served:** 5 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

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## Winchester

**NAME:** GRAFTON - 930 FREDERICK AVENUE  
**Physical Address:** 930 FREDERICK AVENUE  
WINCHESTER, VA, 22601-  
**Phone:** (540)722-9201  
**Mailing Address:** P. O. BOX 2500  
WINCHESTER, VA, 22601-  
**ID:** 1132 **License Type:** Annual  
**Effective Date:** 3/1/2006 **Expiration Date:** 2/28/2007  
**Lead Agency:** DOE **Capacity:** 9 **Age Served:** 5 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

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## Winchester

**NAME:** GRAFTON - 940 FREDERICK AVENUE  
**Physical Address:** 940 FREDERICK AVENUE  
WINCHESTER, VA, 22601-  
**Phone:** (540)722-9202  
**Mailing Address:** P.O. BOX 2500  
WINCHESTER, VA, 22601-  
**ID:** 1170 **License Type:** Annual  
**Effective Date:** 9/1/2005 **Expiration Date:** 8/31/2006  
**Lead Agency:** DOE **Capacity:** 9 **Age Served:** 5 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

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## Winchester

**NAME:** GRAFTON - 950 FREDERICK AVENUE  
**Physical Address:** 950 FREDERICK AVENUE  
WINCHESTER, VA, 22601-  
**Phone:** (540)722-9203  
**Mailing Address:** P.O. BOX 2500  
WINCHESTER, VA, 22601-  
**ID:** 1173 **License Type:** Triennial  
**Effective Date:** 9/1/2003 **Expiration Date:** 8/31/2006  
**Lead Agency:** DOE **Capacity:** 9 **Age Served:** 5 to 21 **Gender Served:** Both  
**Regulatory Authority:** DMHMRSAS **Regulator:** GLORIA DALTON -(804)225-2725  
**Categories:** Facility for Mentally Ill/Emotionally Disturbed  
Facility for Mentally Retarded

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**Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)**

Report Date: 8/30/2006

Winchester

<b>NAME:</b> GRAFTON - CHELAN PLACE <b>Physical Address:</b> 109 CHELAN PLACE WINCHESTER, VA, 22603-000	<b>Phone:</b> (540)667-9135 <b>Mailing Address:</b> P.O. BOX 2500 WINCHESTER, VA, 22603-0000	<b>ID:</b> 1100 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/1/2005 <b>Expiration Date:</b> 8/31/2008
<b>Lead Agency:</b> DOE <b>Capacity:</b> 5 <b>Age Served:</b> 12 to 21 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON -(804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded		

Winchester

<b>NAME:</b> GRAFTON - HILLTOP TERRACE <b>Physical Address:</b> 106 HILLTOP TERRACE WINCHESTER, , VA, 22602-0	<b>Phone:</b> (540)722-3762 <b>Mailing Address:</b> P.O. BOX 2500 WINCHESTER, , VA, 22602-0000	<b>ID:</b> 1104 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/1/2005 <b>Expiration Date:</b> 8/31/2008
<b>Lead Agency:</b> DOE <b>Capacity:</b> 4 <b>Age Served:</b> 12 to 21 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON -(804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded		

Winchester

<b>NAME:</b> GRAFTON - MARTINSBURG PIKE (RT 11 GROUP HOME) <b>Physical Address:</b> 2123 MARTINSBURG PIKE WINCHESTER, VA, 22603-	<b>Phone:</b> (540)665-8110 <b>Mailing Address:</b> P.O. BOX 2500 WINCHESTER, VA, 22603-	<b>ID:</b> 1175 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/1/2005 <b>Expiration Date:</b> 8/31/2008
<b>Lead Agency:</b> DOE <b>Capacity:</b> 8 <b>Age Served:</b> 12 to 21 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON -(804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded		

Winchester

<b>NAME:</b> GRAFTON - VILLAGE COURT <b>Physical Address:</b> 193 VILLAGE COURT WINCHESTER, VA, 22602-000	<b>Phone:</b> (540)667-8902 <b>Mailing Address:</b> P. O. BOX 2500 WINCHESTER, VA, 22602-0000	<b>ID:</b> 1103 <b>License Type:</b> Triennial <b>Effective Date:</b> 9/1/2005 <b>Expiration Date:</b> 8/31/2008
<b>Lead Agency:</b> DOE <b>Capacity:</b> 4 <b>Age Served:</b> 12 to 21 <b>Gender Served:</b> Female <b>Regulatory Authority:</b> DMHMRSAS <b>Regulator:</b> GLORIA DALTON -(804)225-2725 <b>Categories:</b> Facility for Mentally Ill/Emotionally Disturbed Facility for Mentally Retarded		

Winchester

<b>NAME:</b> HENRY & WILLIAM EVANS HOME <b>Physical Address:</b> 330 EAST LEICESTER ST WINCHESTER, VA, 22601-000	<b>Phone:</b> (540)662-8520 <b>Mailing Address:</b> 330 EAST LEICESTER ST WINCHESTER, VA, 22601-0000	<b>ID:</b> 9 <b>License Type:</b> Triennial <b>Effective Date:</b> 3/1/2005 <b>Expiration Date:</b> 2/29/2008
<b>Lead Agency:</b> DSS <b>Capacity:</b> 20 <b>Age Served:</b> 5 to 17 <b>Gender Served:</b> Both <b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383 <b>Categories:</b> Child Caring Institution		

Wise

<b>NAME:</b> VICTORY BOYS HOME <b>Physical Address:</b> 844 VIRGINIA AVENUE NORTON, VA, 24273-0000	<b>Phone:</b> (276)679-7284 <b>Mailing Address:</b> 90 STANLEY LANE NORTON, VA, 24273-0000	<b>ID:</b> 285 <b>License Type:</b> Triennial <b>Effective Date:</b> 3/6/2005 <b>Expiration Date:</b> 3/5/2008
<b>Lead Agency:</b> DSS <b>Capacity:</b> 8 <b>Age Served:</b> 13 to 17 <b>Gender Served:</b> Male <b>Regulatory Authority:</b> <b>Regulator:</b> ROGER MASSIE -(540)332-9383 <b>Categories:</b> Child Caring Institution Emergency Shelter		



Interdepartmental Regulation of Childrens Residential Facilities  
Licensed Facility Directory - By Locality Grouping (Alpha)

Report Date: 8/30/2006

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Wythe

<b>NAME:</b> PRESBYTERIAN CHILDREN'S HOME OF THE HIGHLANDS	<b>Phone:</b> (276)228-2861	<b>ID:</b> 2	<b>License Type:</b> Triennial
<b>Physical Address:</b> 425 GRAYSON ROAD	<b>Mailing Address:</b> P.O. BOX 545	<b>Effective Date:</b> 8/9/2004	<b>Expiration Date:</b> 8/8/2007
WYTHEVILLE, VA, 24382-000	WYTHEVILLE, VA, 24382-0000		
<b>Lead Agency:</b> DSS	<b>Capacity:</b> 30	<b>Age Served:</b> 5 to 17	<b>Gender Served:</b> Both
<b>Regulatory Authority:</b>	<b>Regulator:</b> ROGER MASSIE - (540)332-9383		
<b>Categories:</b> Child Caring Institution			
<b>Emergency Shelter</b>			

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